# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2009**
**Secretary of State**

DOCUMENT# S47511

**Entity Name:** ANGONES, HUNTER, MCCLURE, LYNCH, WILLIAMS & GARCIA, P.A.

**Current Principal Place of Business:**

44 WEST FLAGLER ST
8TH FLOOR
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

44 WEST FLAGLER ST
8TH FLOOR
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number: 65-0255214** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLURE, JOHN
44 WEST FLAGLER STREET
8TH FLOOR
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | DP | ( ) Delete |
| Name: | MCCLURE, JOHN | |
| Address: | 44 WEST FLAGLER ST, 8TH FLOOR | |
| City-St-Zip: | MIAMI, FL 33130 | |
| Title: | VPD | ( ) Delete |
| Name: | HUNTER, STEVEN K. | |
| Address: | 75 VALENCIA AVE STE 1150 | |
| City-St-Zip: | MIAMI, FL 33134 | |
| Title: | VPD | ( ) Delete |
| Name: | LYNCH, CHRISTOPHER | |
| Address: | 75 VALENCIA AVE STE 1150 | |
| City-St-Zip: | MIAMI, FL 33134 | |
| Title: | VPD | ( ) Delete |
| Name: | WILLIAMS, STEWART D. | |
| Address: | 75 VALECIA AVE STE 1150 | |
| City-St-Zip: | MIAMI, FL 33134 | |
| Title: | DST | ( ) Delete |
| Name: | ANGONES, FRANCISCO R | |
| Address: | 44 WEST FLAGLER ST, 8TH FLOOR | |
| City-St-Zip: | MIAMI, FL 33130 | |
| Title: | VPD | ( ) Delete |
| Name: | GARCIA, LEOPOLDO | |
| Address: | 44 WEST FLAGLER ST, 8TH FLOOR | |
| City-St-Zip: | MIAMI, FL 33130 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MCCLURE PRES 01/09/2009

Electronic Signature of Signing Officer or Director — Date