2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# V29189

Entity Name: ILENE GLASSER, P.A.

Current Principal Place of Business:

PO BOX 551561
FT LAUDERDALE, FL 33355 US

New Principal Place of Business:

645 SANDCREEK CIRCLE
WESTON, FL 33327 US

Current Mailing Address:

PO BOX 551561
FT LAUDERDALE, FL 33355 US

New Mailing Address:

FEI Number: 65-0332065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLASSER, LLOYD S.
8751 W BROWARD BLVD.
S-105
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

GLASSER, LLOYD S
8751 W BROWARD BLVD.
S-105
PLANTATION, FL 33324 US

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: LLOYD S. GLASSER 01/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GLASSER, ILENE,
Address: 645 SANDCREEK CIR.
City-St-Zip: WESTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GLASSER, ILENE
Address: 645 SANDCREEK CIR.
City-St-Zip: WESTON, FL 33327

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: ILENE GLASSER D 01/06/2009
Electronic Signature of Signing Officer or Director Date