

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G16303

Entity Name: KOZYAK TROPIN & THROCKMORTON, P.A.

FILED
Jan 08, 2014
Secretary of State
CC6239833709

Current Principal Place of Business:

2525 PONCE DE LEON BLVD.
9TH FLOOR
MIAMI,, FL 33134

Current Mailing Address:

2525 PONCE DE LEON BLVD.
9TH FLOOR
MIAMI,, FL 33134 US

FEI Number: 59-2240304

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLES W. THROCKMORTON
KOZYAK TROPIN & THROCKMORTON, P.A.
2525 PONCE DE LEON BLVD., 9TH FL.
CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MOSKOWITZ, ADAM M.
Address 420 ROVINO AVENUE
City-State-Zip: CORAL GABLES FL 33156

Title P
Name TROPIN, HARLEY S.
Address 5845 SW 93 ST
City-State-Zip: MIAMI FL 33156

Title VPS
Name THROCKMORTON, CHARLES W.
Address 10005 SW 63RD PLACE
City-State-Zip: MIAMI FL 33156

Title D
Name HARTMANN, KENNETH R
Address 11360 SW 60 AVE
City-State-Zip: MIAMI FL 33156

Title D
Name MCQUILKIN, GAIL A
Address 1521 ALTON RD 545
City-State-Zip: MIAMI BEACH FL 33139

I hereby 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 all other like empowered.

SIGNATURE: EDNA L. BARBOSA

ADMINISTRATOR

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date