Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
VERNIS & BOWLING OF MIAMI, P.A. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
VERNIS & BOWLING OF MIAMI, P.A.

1680 NE 135TH STREET, 2ND FLOOR
NORTH MIAMI, FL 33181

2b Employer Identification Number (EIN)
65-0299372

2c Sponsor's telephone number
305-895-3035

2d Business code (see instructions)
541110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/19/2010	JORGE GARCIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/19/2010	JORGE GARCIA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
VERNIS & BOWLING OF MIAMI, P.A.

1680 NE 135TH STREET, 2ND FLOOR
NORTH MIAMI, FL 33181

3b Administrator's EIN
65-0299372

3c Administrator's telephone number
305-895-3035

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	199
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	126
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	156
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	156
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	111
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)		**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
VERNIS & BOWLING OF MIAMI, P.A. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
VERNIS & BOWLING OF MIAMI, P.A.

D Employer Identification Number (EIN)
65-0299372

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-711704	111	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
10019	453

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UBS FINANCIAL SVCS INS AGCY
NEWPORT CENTER
499 WASHINGTON BLVD
JERSEY CITY, NJ 07310

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
10019			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BENETECH, INC.
3947 LENNANE DRIVE, SUITE 250
SACRAMENTO, CA 95834

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	453	ADMINISTRATIVE ALLOWANCE	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	1778393

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2265		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	1074004		
	▶ ACQUISITION				
	(6) Total additions			7c(6)	1076269
d	Total of balance and additions (add **b** and **c(6)**)			7d	1076269
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	1076269		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	1076269
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
VERNIS & BOWLING OF MIAMI, P.A. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VERNIS & BOWLING OF MIAMI, P.A.

D Employer Identification Number (EIN)
65-0299372

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): THE HARTFORD

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	1778393

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
VERNIS & BOWLING OF MIAMI, P.A. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VERNIS & BOWLING OF MIAMI, P.A.

D Employer Identification Number (EIN)
65-0299372

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	6418
(2) Participant contributions	1b(2)	0	12961
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	510841	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	28672	34084
(9) Value of interest in common/collective trusts	1c(9)	0	107632
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	612196	1670761
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1151709	1831856
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	3393
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	3393
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1151709	1828463

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	24219	
	(B) Participants	2a(1)(B)	245690	
	(C) Others (including rollovers)	2a(1)(C)	11289	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		281198
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1680	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1680
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	426130	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		426130

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		709008
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32015	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		32015
f Corrective distributions (see instructions)	2f		132
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	107	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		107
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		32254
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		676754
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: OCTAVIO J. MESTRE, CPA (2) EIN: 59-1700478

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		200000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☐ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

VERNIS & BOWLING OF MIAMI P.A.

401 (K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2009

VERNIS & BOWLING OF MIAMI P.A.
401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2009

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Statement of Net Assets Available for Plan Benefits	2
Statement of Income, Expenses and Changes in Net Assets	3
Notes to the Financial Statements	4-7

OCTAVIO J. MESTRE
CERTIFIED PUBLIC ACCOUNTANT

14231 S.W. 78 TH STREET
MIAMI, FLORIDA 33183
TEL (305) 382-1211
FAX (305) 382-2244

INDEPENDENT AUDITOR'S REPORT

Administrator of the VERNIS & BOWLING OF MIAMI P.A. 401 (K) PROFIT SHARING PLAN & TRUST.

I have audited the accompanying Statement of Net Assets Available for Plan Benefits of the VERNIS & BOWLING OF MIAMI P.A. 401 (K) PROFIT SHARING PLAN & TRUST as of December 31, 2009, and the related Statement of Changes in Net Assets Available for Plan Benefits for the year then ended. The financial statements are the responsibility of the Plan's management. My responsibility is to express an opinion on these financial statements based on my audit.

As permitted by 29CFR 2520.103-8 OF THE DEPARTMENT OF LABOR S Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 4, which was certified by the custodian of the Plan, except for comparing such information with the related information included in the financial statements. I have been informed by the plan administrator that the custodian holds the investment assets of the Plan and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2009 for the year then ended, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying statements of Net Assets Available for Benefits as of December 31, 2009, and for the year then ended, and Changes in Net Assets Available for Benefits for the year ended December 31, 2009 and supplemental notes and schedules taken as a whole. The form and content of the information included in the Statement of Net Assets Available for Benefits as of December 31, 2009 and for the year then ended and Changes in Net Assets Available for Benefits for the year ended December 31, 2009 and supplemental notes and schedules other than those derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in my opinion are presented in compliance with Rules and Regulations of the Department of Labor for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Octavio J. Mestre

Octavio J. Mestre
Certified Public Accountant
July 6, 2010

VERNIS & BOWLING OF MIAMI P.A.
401 (K) PROFIT SHARING PLAN & TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
AS OF DECEMBER 31, 2009

ASSETS	
Employer Contributions Receivable	$ 6,418
Participant Contributions Receivable	12,961
Mutual Funds and Other Securities	1,670,761
Interest in Common/Collective Trusts	107,632
Loans Receivable From Plan Members	34,084
TOTAL ASSETS	$1,831,856

LIABILITIES AND NET ASSETS	
Liabilities	
Contributions Refunds Payable	$ 3,393
Net Assets Available for Plan Benefits	1,828,463
TOTAL LIABILITIES & NET ASSETS	$1,831,856

The accountant,s opinion letter is part of this statement.
Please read notes to the financial statements.

VERNIS & BOWLING OF MIAMI P.A.
401(K) PROFIT SHARING PLAN & TRUST

STATEMENT OF INCOME, EXPENSES AND CHANGES IN NET ASSETS
FOR THE PLAN YEAR ENDED DECEMBER 31, 2009

INCOME		
Employee Contributions		$245,690
Employer Contributions		24,219
Rollovers		11,289
Investment Gains		426,130
Loans Interest		1,680
TOTAL INCOME		709,008
EXPENSES		
Benefit Distributions	$32,147	
Other	107	
TOTAL EXPENSES		(32,254)
NET INCOME		676,754
NET ASSETS AT THE BEGINNING OF THE YEAR		1,151,709
NET ASSETS AT THE END OF THE YEAR		$1,828,463

The accountant's opinion letter is part of this statement.
Please read notes to the financial statements.

VERNIS & BOWLING OF MIAMI P.A.
401 (K) PROFIT SHARING PLAN & TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PLAN YEAR ENDED DECEMBER 31, 2009

1-DESCRIPTION OF THE PLAN

The following description of the VERNIS & BOWLING OF MIAMI PA 401(K) PROFIT SHARING PLAN & TRUST (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

GENERAL

The effective date of the Plan is January 1, 1995, and the specifications are as follows:

ELIGIBILITY REQUIREMENTS

(A) Minimum Months of Service: 3.
(B) Minimum Age 21.
(C)Maximum Age: None.

NORMAL RETIREMENT AGE

(A) Exact Date of attainment of age 65.
(B) Eligibility for early retirement after attainment of age 60.

CONTRIBUTIONS IN 2009

Employer Contribution	$ 24,219
Employee Salary Deferrals	245,690
Total Contributions	$269,909

ALLOCATION FORMULA

The maximum percentage of pay which can be deferred is 75%. In 2009 the maximum deferral for income tax purposes is $16,500.

GAIN/LOSS ALLOCATION

Allocated on prior account balance minus withdrawals.

VERNIS & BOWLING OF MIAMI P.A.
(401 (K) PROFIT SHARING PLAN & TRUST

NOTES TO THE FINANCIAL STATEMENTS (Page 2)
FOR THE PLAN YEAR ENDED DECEMBER 31, 2009

EMPLOYEE VESTING SCHEDULE
(Based upon total service)

YEAR	PERCENTAGE
1	0
2	20
3	40
4	60
5	80
6	100

The matching vesting schedule is the same as above.
The plan is not top heavy for the current year.

PARTICIPANT LOANS
Participants may borrow from their fund account. The loans are collateralized by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The balance of the loans as of December 31, 2009 is $34,084. The interest earned on the loans in 2009 was $1,680.

2- SUMMARY OF ACCOUNTING POLICIES

A) The financial statements of the Plan are prepared under the accrual method of accounting.

B) The Plan's investments are stated at fair value. Shares in the funds managed by investment houses are valued at their quoted market prices, which represent the net value of shares being held by the Plan at year-end. Participant loans are valued at cost, which approximates fair value.

C) Benefits are recorded when paid.

3- PLAN TERMINATION

Although it has not expressed any intent to do so, the employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants will become 100% vested in their accounts.

VERNIS & BOWLING OF MIAMI P.A.
401 (K) PROFIT SHARING PLAN & TRUST

NOTES TO THE FINANCIAL STATEMENTS (PAGE 3)
FOR THE PLAN YEAR ENDED DECEMBER 31, 2009

4- RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

	FINANCIAL STATEMENT	FORM 5500
Assets		
Investments	$1,778,393	$1,778,393
Contributions Receivable	19,379	19,379
Loans to Participants	34,084	34,084
TOTAL ASSETS	1,831,856	1,831,856
LIABILITIES		
Contributions Refund Payables	(3,393)	(3,393)
TOTAL LIABILITIES	(3,393)	(3,393)
NET ASSETS AVAILABLE FOR BENEFITS	$1,828,463	$1,828,463
Income	$708,982	$708,982
Expenses	(32,254)	(32,254)
NET INCOME	$676,728	$676,728

FAIR VALUE MEASUREMENT ANALYSIS AS OF DECEMBER 31, 2009

(AS PER GUIDELINES OF FAS A157

Input Levels by Investment Category:

Investment Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Investment Funds	$1,778,393	$1,778,393		
Contributions Rec.	19,379	19,379		
Participants loans	$34,084			$34,084
TOTAL	$1,831,856	$1,797,772	-0-	$34,084

Effect of Level 3 Funds on Net Assets

Investment Category	Beginning Balance	Gains/ Losses	Increase (Decrease)	Ending Balance	Unrealized Losses
Loans	$28,672	-0-	$5,412	$34,084	$ -0-

VERNIS & BOWLING OF MIAMI P.A.
401 (K) PROFIT SHARING PLAN & TRUST

NOTES TO THE FINANCIAL STATEMENTS (PAGE 4)
FOR THE PLAN YEAR ENDED DECEMBER 31, 2009

INPUT LEVEL 1 ASSETS:
Fair values are based on quoted prices in active markets for identical assets or liabilities.

INPUT LEVEL 2 ASSETS:
Fair values are based on quoted prices for similar instruments in active markets, quoted prices for similar or identical instruments in markets that are not active.

INPUT LEVEL 3 ASSETS:
Fair values are based on internally derived information because there is little or no market activity on this asset.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name VERNIS & BOWLING OF MIAMI, P.A. 401K PROFIT SHARING PLAN **EIN:** 65-0299372
Plan Sponsor's Name VERNIS & BOWLING OF MIAMI, P.A. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	THE HARTFORD	AMERICAN FUNDS CAPWLD G&I		37,503
	THE HARTFORD	PIONEER MID-CAP VALUE		5,537
	THE HARTFORD	SSGA S&P MC NL SERIES INDEX		63,836
	THE HARTFORD	T ROWE PRICE RETIREMENT 2010		2,140
	THE HARTFORD	T ROWE PRICE RETIREMENT 2020		4,636
	THE HARTFORD	JANUS OVERSEAS		93,463
	THE HARTFORD	BLACKROCK GLOBAL ALLOCATN		235,240

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name VERNIS & BOWLING OF MIAMI, P.A. 401K PROFIT SHARING PLAN **EIN:** 65-0299372
Plan Sponsor's Name VERNIS & BOWLING OF MIAMI, P.A. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	THE HARTFORD	FRANKLIN INCOME		472,523
	THE HARTFORD	GOLDMAN SACHS GOVERNMENT INC		126,355
	THE HARTFORD	PIMCO TOTAL RETURN		27,077
	THE HARTFORD	THE HARTFORD MONEY MARKET		186,246
	THE HARTFORD	T ROWE PRICE RETIREMENT 2040		16,361
	THE HARTFORD	VAN KAMPEN EQUITY AND INCOME		7,899
	THE HARTFORD	THE HARTFORD CAPITAL APPRN		130,101

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name VERNIS & BOWLING OF MIAMI, P.A. 401K PROFIT SHARING PLAN **EIN:** 65-0299372
Plan Sponsor's Name VERNIS & BOWLING OF MIAMI, P.A. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	THE HARTFORD	PIONEER HIGH YIELD		96,260
	THE HARTFORD	SSGA EAFE INDEX		30,095
	THE HARTFORD	T ROWE PRICE RETIREMENT 2030		35,478
	THE HARTFORD	THE HTFD SMCAP GROWTH		3,044
	THE HARTFORD	AMERICAN FUNDS GROWTH FUND		59,898
	THE HARTFORD	ALLIANZ NFJ DIVIDEND VALUE		4,453
	THE HARTFORD	T ROWE PRICE RETIREMENT INC		27,687

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name VERNIS & BOWLING OF MIAMI, P.A. 401K PROFIT SHARING PLAN **EIN:** 65-0299372
Plan Sponsor's Name VERNIS & BOWLING OF MIAMI, P.A. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	THE HARTFORD	LOAN FUND		34,084
	THE HARTFORD	FEDERATED KAUFMANN		18,907
	THE HARTFORD	ALGER MIDCAP GROWTH INST		14,494
	THE HARTFORD	SSGA S&P 500 FLAGSHIP		13,701
	THE HARTFORD	ALLIANCEBERNSTEIN INTL VALUE		5,839
	THE HARTFORD	IVY LARGE CAP GROWTH		7,531
	THE HARTFORD	VICTORY SMALL COMPANY OPP		52,088