

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 490721 1. Entity Name BECKER & POLIAKOFF, P.A.	
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FILED

08 MAY 16 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3111 STIRLING RD. FORT LAUDERDALE, FL 33312	Mailing Address 3111 STIRLING RD. FORT LAUDERDALE, FL 33312
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05072008 Chg-P CR2E034 (12/06)

City & State Zip	City & State Zip
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4. FEI Number 59-1640708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LESSER, STEVEN B. 3111 STIRLING RD. FT LAUDERDALE, FL 33312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	POLIAKOFF, GARY, A	
STREET ADDRESS	3111 STIRLING RD.	
CITY-ST-ZIP	FT LAUDERDALE, FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	BECKER, ALAN S.	
STREET ADDRESS	3111 STIRLING RD.	
CITY-ST-ZIP	FT LAUDERDALE, FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Becker, Alan S.	
STREET ADDRESS	3111 Stirling Road	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	

TITLE	SD	<input type="checkbox"/> Delete
NAME	LESSER, STEVEN B	
STREET ADDRESS	3111 STIRLING ROAD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levine, Allen M.	
STREET ADDRESS	3111 Stirling Road	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan S. Becker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/15/08

B 5/16/08

Date Daytime Phone #