


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90167 048 ***150.00

DOCUMENT # 521738							
1. Entity Name PACKMAN, NEUWAHL & ROSENBERG, P.A.							
Principal Place of Business 1500 SAN REMO AVE, #125 CORAL GABLES, FL 33146		Mailing Address 1500 SAN REMO AVE, #125 CORAL GABLES, FL 33146					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-1712820			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GINSBURG, DENNIS		NAME				
STREET ADDRESS	1500 SAN REMO AVE #125		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROSENBERG, MICHAEL		NAME				
STREET ADDRESS	1500 SAN REMO AVE, #125		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP				
TITLE	DSP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NEUWAHL, MALCOLM H		NAME				
STREET ADDRESS	1500 SAN REMO AVE, #125		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STAMEN, ROBERT A		NAME				
STREET ADDRESS	1500 SAN REMO AVE #125		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHARE, LESLIE A		NAME				
STREET ADDRESS	1500 SAN REMO AVE #125		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FINKELMAN, JACK		NAME				
STREET ADDRESS	1500 SAN REMO AVE. #125		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL		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: <i>Robert A. Stamen</i>			Date _____ Daytime Phone # _____				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							



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ATTACHMENT

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Packman, Neuwahl & Rosenberg, P.A.
Doc#521738
Page 2

Officers and Directors:
Continuation

DVP
Mark R. Starkman
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146

DVP
Jose L. Nunez
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146

DVP
Shawn Wolf
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146