

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90022 022 ***150.00

DOCUMENT # 522259

1. Entity Name
ROBERT S. MANDEL, P.A.



Principal Place of Business 9601 COLLINS AVE APT 1405 MIAMI BEACH FL 33154 US	Mailing Address 9601 COLLINS AVE APT 1405 MIAMI BEACH FL 33154 US
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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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1st MOORE CR2E034 (10/07)

City & State Bal Harbour	City & State Bal Harbour
Zip Country	Zip Country

4. FEI Number 59-1705731	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
**MANDEL, ROBERT S ESQ
 9601 COLLINS AVE
 APT 1405
~~MIAMI BEACH FL 33154~~**
MUNICIPALITY CORRECTED

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **Bal Harbour, FL** Zip Code **33154**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDEL, ROBERT S 9601 COLLINS AVE APT 1405 MIAMI FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDEL, RONA C 9601 COLLINS AVE APT 1405 MIAMI BEACH FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MUNICIPALITY CORRECTED</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition Bal Harbour, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Bal Harbour, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert S. Mandel* Robert S. Mandel
 Date: Feb. 29, 2008 Daytime Phone #: 305-868-0845