


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 677324
 1. Entity Name
FREUND, KATZ, GOLDSTON, YOUNG & COMPANY, P.A.



Principal Place of Business 3111 UNIVERSITY DR STE 720 CORAL SPRINGS, FL 33065 US	Mailing Address 3111 UNIVERSITY DR STE 720 CORAL SPRINGS, FL 33065 US
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2005908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FREUND, IRWIN
 3111 UNIVERSITY LN 702
 33065
 CORAL SPRINGS, FL 33071**

DO NOT WRITE IN THIS SPACE

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDSTON, STEVEN 10729 SW 104 ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREUND, IRWIN B 3111 UNIVERSITY DR, STE 720 CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, STEVEN 10729 SW 104 ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATZ, MITCHELL 3111 UNIVERSITY DRIVE POMPANO BEACH, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000815243
 02/14/08-80001-015 \$150.00

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: _____ **1/30/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #