2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90090 023 ***150.00

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DOCUMENT # J21926

1. Entity Name
LAW OFFICES OF JOSEPH LIGMAN, P.A.

Principal Place of Business	Mailing Address
9155 S. DADELAND BLVD 1010 MIAMI, FL 33156	9155 S. DADELAND BLVD 1010 MIAMI, FL 33156

01152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7241 S.W. 168 ST.	7241 S.W. 168 ST.
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33157 Country: DADE	Zip: 33157 Country: DADE

4. FEI Number: 59-2364109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIGMAN, DANIEL
9155 S. DADELAND BLVD
1010
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: LIGMAN DANIEL
Street Address (P.O. Box Number is Not Acceptable): 7241 S.W. 168 ST
SUITE A
City: MIAMI FL Zip Code: 33157

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, 2007 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LIGMAN, JOSEPH 9155 S. DADELAND BLVD 1010 MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP LIGMAN, JOSEPH 7241 S.W. 168 ST., SUITE A MIAMI, FL 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #