


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90083 043 ***150.00

DOCUMENT # K78197					
1. Entity Name KOFISKY, HARTMAN & WEINGER, P.A.					
Principal Place of Business 4010 SHERIDAN ST HOLLYWOOD, FL 33021		Mailing Address 4010 SHERIDAN ST HOLLYWOOD, FL 33021			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0107049	
Zip		Country		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		
WEUGER, MISTY L 4010 SHERIDAN ST HOLLYWOOD, FL 33021			Name <u>Weinger, Misty</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>4010 SHERIDAN ST</u>		
			City <u>Hollywood</u> FL Zip Code <u>33021</u>		
			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, 2007 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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOFISKY, DAVID ALAN	NAME			
STREET ADDRESS	4010 SHERIDAN ST	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COURY, PATRICIA E	NAME	<u>HARTMAN, PATRICIA E</u>		
STREET ADDRESS	4010 SHERIDAN ST	STREET ADDRESS	<u>4010 SHERIDAN ST</u>		
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	<u>HOLLYWOOD FL 33021</u>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEINGER, MISTY	NAME			
STREET ADDRESS	4010 SHERIDAN ST	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Misty L Weinger</u>		Date: <u>4/7/07</u>		Daytime Phone #: <u>954-9858319</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					