## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

SIGNATURE: \( \)

## Apr 05, 2007 08:00 A Secretary of State **DOCUMENT # P00000003228** 1. Entity Name DAVID B. GOLDMAN, P.A. Principal Place of Business Mailing Address 1300 PARK OF COMMERCE BLVD., STE. 273 1300 PARK OF COMMERCE BLVD., STE, 273 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0997112 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDMAN, DAVID B Street Address (P.O. Box Number is Not Acceptable) 1300 PARK OF COMMERCE BLVD., STE. 273 DELRAY BEACH, FL 33445 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVPS** □ Change TITLE Delete TITLE ☐ Addition GOLDMAN, DAVID B NAME NAME U000000690313 STREET ADDRESS 11565 BISSKY CT STREET ADDRESS 04/11/07-80069-022 150.00 BOCA RATON, FL 33498 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP -CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with the es not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information fulcourate and that my signature shall have the same legal effect as if made under oath; that I am to execute this report as required by Chapter 607, Florida Statutes; and that my mame appears in E indicated on this report or supplemental of the corporation or the receiver or tru ars in Block 10 or Block 11 if

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED