2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P00000003847

STUART M. GOTTLIEB, P.A.

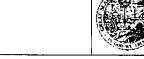
FILED Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

525 S FLAGLER DR

STE 200

WEST PALM BEACH, FL 33401



Mailing Address

525 S FLAGLER DR

STE 200

WEST PALM BEACH, FL 33401



DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

65-0978867

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, STUART M 525 S FLAGLER DR **STE 200** WEST PALM BEACH EL 33401

DO NOT WRITE IN THIS SPACE

VIEST FALM DE (GI), LE GOTO						
8. The above the obligat	named entity submits this statement for the priors of registered agent. Signature typed or printed name of registered agent and title if			egistered agent, or both	, in the State of Florida. I am familiar with, and accept	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GOTTLIEB, STUART M 525 S FLAGLER DR STE 200 WEST PALM BEACH, FL 33401				U00000884961 04/17/08-80065-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
TITLE Name Street address City-St-Zip				DO NOT WRITE		
VILE NAME Street Address City+St-Zip			IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby 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.

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1iTEF NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08

Daytene Phone #