


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000011046
 1. Entity Name
MICHAEL J. SCHLESINGER, P.A.



Principal Place of Business 501 BRICKELL KEY DR SUITE 506 MIAMI, FL 33131	Mailing Address 501 BRICKELL KEY DR SUITE 506 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 85-0487938	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

**SCHLESINGER, MICHAEL J
 501 BRICKELL KEY DR
 SUITE 506
 MIAMI, FL 33131**

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

10. OFFICERS AND DIRECTORS

TITLE PRES	NAME SCHLESINGER, MICHAEL J
STREET ADDRESS 501 BRICKELL KEY DR, STE 506	CITY-ST-ZIP MIAMI, FL 33131
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 05/01/07-80037-024 150.00

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:  **MICHAEL J. SCHLESINGER** **4/10/2007** **(305) 373 8993**

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

Michael J. Schlesinger