

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90020 039 ***150.00



DOCUMENT # P03000099576
 1. Entity Name
MORTON AMSTER ACCOUNTANT-AUDITOR, INC.

Principal Place of Business Mailing Address
 10058 SPANISH ISLEAS BLVD BAY F7 BOYNTON BEACH FL 33437
 8128 CANYOUR WAY BOYNTON BEACH FL 33437



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number **20-0214065** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
AMSTER, MORTON
8128 CAMYUW WAY
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
8128 CORMYUW Way
 City *BOYNTON BEACH* FL Zip Code *33437*

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 removing) DATE _____

FILE-NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> Delete	NAME AMSTER, MORTON STREET ADDRESS 8128 COMYUW WAY CITY-ST-ZIP BOYNTON BEACH FL 33437
TITLE VP <input type="checkbox"/> Delete	NAME AMSTER, SHARON F STREET ADDRESS 8128 CAMYUW WAY CITY-ST-ZIP BOYNTON BEACH FL 33437
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Day:mo:year #