


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90381 015 ***150.00

DOCUMENT # P03000148303


1. Entity Name
MARK I. INGBER, C.P.A., P.A.



Principal Place of Business Mailing Address

10100 W SAMPLE RD 10100 W SAMPLE RD
 STE 326 STE 326
 CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US

4200



04242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

10100 West Sample Road 10100 West Sample Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 319 Suite 319

City & State City & State

Coral Springs FL Coral Springs FL

Zip Country Zip Country

33065-3973 US 33065-3973 US

4. FEI Number Applied For

20-0488448 Not Applicable

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

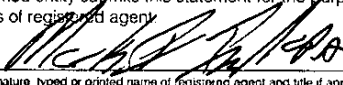
6. Name and Address of Current Registered Agent

INGBER, MARK I
 10100 W. SAMPLE RD
 STE 326
 CORAL SPRINGS, FL 33065-3972

7. Name and Address of New Registered Agent

Name
 Mark I. Ingber
 Street Address (P.O. Box Number is Not Acceptable)
 10100 West Sample Road
 Suite 319
 City State Zip Code
 Coral Springs FL 33065-3973

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:  Mark I. Ingber, President 4/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST INGBER, MARK I 10100 W. SAMPLE RD., STE #326 CORAL SPRINGS, FL 330653973 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P-S-T Ingber, Mark I 10100 West Sample Road Suite 319 Coral Springs FL 33065-3973 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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	
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	

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:  Mark I. Ingber, President 4/24/08 954-510-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #