## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000108549

Entity Name: LEVY & SCHWAB, INC.

Name:

Address:

City-St-Zip:

SALLUM, SAM

1204 NW 180TH AVE

PEMBROKE PINES, FL 33029

FILED Apr 21, 2008 Secretary of State

		3 Oct 1007 D, 1140.			
Current P	rincipal Pla	ace of Business:	New Principal Place	New Principal Place of Business:	
10211 SW 15TH PLACE DAVIE, FL 33324			SUITE 202	10400 GRIFFIN ROAD SUITE 202 COOPER CITY, FL 33328	
Current M	ailing Add	ress:	New Mailing Address	New Mailing Address:	
10211 SW DAVIE, FL	15TH PLAC 33324	DE			
FEI Number:	42-1677546	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address o	of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
DAVIE, FL The above	15TH PLAC 33324 U named enti	JS	e purpose of changing its registered	I office or registered agent, or both,	
	Elect	ronic Signature of Registered A	gent	Date	
Election Car	npaign Finan	cing Trust Fund Contribution ( ).			
OFFICERS	S AND DIR	ECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP GAERTNER 10211 SW 1 DAVIE, FL 1	15TH PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		() Delete , ELIZABETH 15TH PLACE 33324	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title <sup>.</sup>	CFO	(X) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LEVY GAERTNER DP 04/21/2008