


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000024286</b> 1. Entity Name <b>BLECKER &amp; LEWINGER, P.A.</b>	
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Principal Place of Business <b>6600 N. ANDREWS AVE #306</b> <b>FT LAUDERDALE, FL 33309 US</b>	Mailing Address <b>6600 N. ANDREWS AVE #306</b> <b>FT LAUDERDALE, FL 33309 US</b>
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0475980</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LEWINGER, RICK</b> <b>6600 N. ANDREWS AVE</b> <b>#306</b> <b>FORT LAUDERDALE, FL 33309</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000600726  
01/26/07-80023-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BLECKER, STEVE
STREET ADDRESS	6600 N. ANDREWS AVE #306
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	LEWINGER, RICK
STREET ADDRESS	6600 N. ANDREWS AVE #306
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 authorized 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: **1/22/07** Daytime Phone #: **954 493 6500**