


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 029 ***150.00

DOCUMENT # P95000044957 1. Entity Name SARA BLUMBERG, P.A.			
Principal Place of Business 555 NORTH CONGRESS AVENUE SUITE 301 BOYNTON BEACH, FL 33426		Mailing Address 555 NORTH CONGRESS AVENUE SUITE 301 BOYNTON BEACH, FL 33426	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 770578 Suite, Apt. #, etc.	
City & State Zip Country		City & State Coral Springs, FL Zip Country 33077 USA	
4. FEI Number 65-0586688		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUMBERG, SARA 555 NORTH CONGRESS AVENUE SUITE 301 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Kenneth M. Kaleel, Esq. Street Address (P.O. Box Number is Not Acceptable) 555 N. Congress Avenue, Suite 301 City Boynton Beach FL Zip Code 33426	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1-28-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D BLUMBERG, SARA 555 NORTH CONGRESS AVE. #301 BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/13/08 Daytime Phone # 5613293073	