


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000061427

1. Entity Name
STUART A. LIPSON, ATTORNEY AND COUNSELLOR AT
LAW, P.A.



Principal Place of Business Mailing Address

16900 N.E. 19TH AVENUE 16900 N.E. 19TH AVENUE
N. MIAMI BEACH, FL 33162 N. MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0933018 Not Applicable

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

6. Name and Address of Current Registered Agent

LIPSON, STUART A
16900 N.E. 19TH AVENUE
N. MIAMI BEACH, FL 33162

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IN THIS SPACE**

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 _____

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

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

U00000942245
05/29/08-80012-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIPSON, STUART A ESQ.
STREET ADDRESS	16900 N.E. 19TH AVENUE
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
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	

**DO NOT WRITE
IN THIS SPACE**

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 any other like empowered

SIGNATURE: _____ *Pres.* *4/30/08* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #