2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-23-2007 90031 019 ***150.00

DOCUMENT # P95000074956

1. Entity Name
GARY A. LEVINSON, P.A.

Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE SUITE 600 MIAMI, FL 33131 US	601 BRICKELL KEY DRIVE SUITE 600 MIAMI, FL 33131 US

01162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1451 Ocean Drive	1451 Ocean Drive
Suite, Apt. #, etc. Suite 205	Suite, Apt. #, etc. Suite 205
City & State Miami Beach FL	City & State Miami Beach FL
Zip 33139 Country USA	Zip 33139 Country USA

4. FEI Number
65-0610617
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINSON, GARY A
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Levinson Gary A.
Street Address (P.O. Box Number is Not Acceptable): 1451 Ocean Drive
Suite 205
City: Miami Beach **FL** Zip Code: 33139

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 _____ 2-16-07
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, 2007 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	D LEVINSON, GARY A 501 BRICKELL KEY DR., SUITE 300 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Levinson, Gary A. 1451 Ocean Drive Suite 205 Miami Beach FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 2-16-07 (305)374-3471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #