

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 143561</b> 1. Entity Name <b>ERIE CORPORATION</b>					
Principal Place of Business <b>8240 SW 103 ST MIAMI FL 33156</b>		Mailing Address <b>8240 SW 103 ST MIAMI FL 33156</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0607980</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEINSTEIN, JANET 8240 SW 103RD ST MIAMI FL 33156</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reconstituting)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINSTEIN, JANET 8240 S.W. 103 ST MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000836915 03/04/08-80036-002 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBLINGER, RONALD C/O AUDIOCOM-1800 OAK LANE PH401 HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/04/08-80036-002 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILBERT, ARTHUR I M.D. 6250 SUNSET DRIVE. 2ND FLOOR MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/04/08-80036-002 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBLINGER, RONALD C/O AUDIOCOM-1800 OAK LANE PH401 HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/04/08-80036-002 150.00		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <i>Janet Weinstein (Janet Weinstein)</i> <b>2/19/08</b> <b>305-585-7777</b>					