

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 200522

Entity Name: PAUL NOTOWITZ, INC.

FILED
Mar 18, 2007
Secretary of State

Current Principal Place of Business:

293 FERN PALM RD
BOCA RATON, FL 33432 US

New Principal Place of Business:

5650 NE TRIESTE WAY
BOCA RATON, FL 33487 US

Current Mailing Address:

293 FERN PALM RD
BOCA RATON, FL 33432 US

New Mailing Address:

5650 NE TRIESTE WAY
BOCA RATON, FL 33487 US

FEI Number: 59-0826820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOTOWITZ, SCOTT
293 FERN PALM RD
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

NOTOWITZ, SCOTT
5650 NE TRIESTE WAY
BOCA RATON, FL 33487 US

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.

SIGNATURE:

03/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOTOWITZ, RUTH
Address: 5660 COLLINS AVE #6C
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD () Delete
Name: KUTUN, JUDITH
Address: 5660 COLLINS AVE #6A
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD (X) Delete
Name: NOTOWITZ, SCOTT
Address: 293 FERN PALM RD
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOTOWITZ, SCOTT
Address: 5650 NE TRIESTE WAY
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT NOTOWITZ

PD

03/18/2007

Electronic Signature of Signing Officer or Director

Date