

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90051 043 ***150.00

DOCUMENT # 332739

1. Entity Name

MICHAEL WINSTON & ASSOCIATES, INC.



Principal Place of Business

2699 STIRLING RD
STE B-200
FT. LAUDERDALE FL 33312

Mailing Address

2699 STIRLING RD
STE B-200
FT. LAUDERDALE FL 33312



2. Principal Place of Business - No P.O. Box #

2699 STIRLING RD

Suite, Apt. #, etc.
A-200

3. Mailing Address

2699 STIRLING RD

Suite, Apt. #, etc.
A-200

1st MOORE

CR2E034 (10/06)

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

59-1225424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINSTON, MICHAEL
2699 STIRLING RD.
STE B-200 A-200
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature]

MICHAEL WINSTON

2-5-07

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WINSTON, MICHAEL
STREET ADDRESS 2699 STIRLING RD, B-200
CITY - ST - ZIP FT. LAUDERDALE FL ☐ Delete

TITLE ~~SARI WINSTON~~
NAME ~~SARI WINSTON~~
STREET ADDRESS ~~2699 STIRLING RD A-200~~
CITY - ST - ZIP ~~FT LAUDERDALE FL 33312~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ~~SARI WINSTON~~
NAME ~~SARI WINSTON~~
STREET ADDRESS ~~2699 STIRLING RD A-200~~
CITY - ST - ZIP ~~Fort Lauderdale FL 33312~~ ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

MICHAEL WINSTON

2-5-07

954-962-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

Date

Daytime Phone #