

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 380948</b> 1. Entity Name TAX AND ESTATE PLANNING, INC.	
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Principal Place of Business 10155 COLLINS AVE. #1804 BAL HARBOUR, FL 33154	Mailing Address 10155 COLLINS AVE. #1804 BAL HARBOUR, FL 33154
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02192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1676334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  ADAMS, ANNETTE R 10300 WEST BROADVIEW BAY HARBOR, FL 33154
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENFELD,SAM L 10300 WEST BROADVIEW BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENFELD,REGINA A 10155 COLLINS AVE #1804 BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENFELD, SAM L. 10155 COLLINS AVE #1804 BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENFELD, ANNETTE 10300 W BROADVIEW BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000645575  
 03/05/07-80012-018 150.00

**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 all other like empowered.

**SIGNATURE:** *Sam L. Rosenfeld* **SAM L. ROSENFELD, Pres** *2/24/07* **305-865-5774**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #