
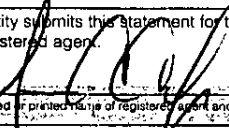
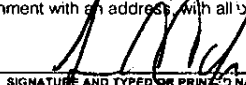


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90054 047 \*\*\*150.00

<b>DOCUMENT # 466995</b> 1. Entity Name <b>DRUCKMAN, FEE &amp; CHAIT, P.A.</b>					
Principal Place of Business <b>44 WEST FLAGLER ST., STE 235 MIAMI, FL 33130</b>			Mailing Address <b>44 WEST FLAGLER ST., STE 235 3RD FLOOR MIAMI, FL 33130</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>44 West Flagler St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 235</b>			
City & State		City & State <b>Miami, FL</b>			
Zip	Country	Zip <b>33130</b>	Country <b>Dade</b>	4. FEI Number <b>59-1567472</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FEE, JR., JAMES F 46 S.W. 1ST ST. 3RD FLOOR MIAMI, FL 33130</b>			7. Name and Address of New Registered Agent Name <b>James F. Fee, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>44 West Flagler St. Suite 235</b> City <b>Miami</b> FL Zip Code <b>33130</b>		
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:  DATE: <b>2/15/08</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FEE, JAMES F JR 44 WEST FLAGLER ST., STE 235 MIAMI, FL 33130		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CHAIT, RICHARD 44 WEST FLAGLER ST., STE 235 MIAMI, FL 33130		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> 			Date <b>2/15/08</b> Daytime Phone # <b>305-374-7750</b>		

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01142008 Chg-P CR2E034 (12/06)