




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 486762</b> 1. Entity Name <b>SAMUEL M. SPATZER P.A.</b>						<b>FILED</b> <b>2008 SEP 15 AM 11:59</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>9-16-08</i>	
Principal Place of Business <b>4601 PONCE DE LEON BLVD.</b> <del>#310</del> <b>#290</b> <b>CORAL GABLES, FL 33146</b>				Mailing Address <b>4601 PONCE DE LEON BLVD.</b> <del>#310</del> <b>#290</b> <b>CORAL GABLES, FL 33146</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				09122008    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		4. FEI Number <b>59-1626396</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
SPATZER, SAMUEL M. 4601 PONCE DE LEON BLVD. <del>#310</del> <b>#290</b> CORAL GABLES, FL 33146				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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPATZER, SAMUEL M.			NAME	<b>100136101031</b>		
STREET ADDRESS	4601 PONCE DE LEON, <del>#310</del> <b>#290</b>			STREET ADDRESS	<b>09/18/08--01039--013    **550.00</b>		
CITY-ST-ZIP	CORAL GABLES, FL 33146			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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> 				<b>Samuel M. Spatzer</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>			
				<small>Daytime Phone #</small>			