2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT	# 490024
-----------------	----------

1. Entity Name
THEODORE Z. DEUTSCH P.A.



Principal Place of Business

1790 W 49 ST #304 HIALEAH, FL 33012 Mailing Address

1790 W 49 ST #304 HIALEAH, FL 33012



DO NOT WRITE IN THIS SPACE

01042007	No Chg-P	CR2E034 (11/05)			
4. FEI Number 59-1632647			Applied For		
29-1032	2047		Not Applicable		
5. Certificate of	of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

DEUTSCH, THEODORE Z 1790 W 49ST #304 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

	•	:			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tifle	if applicable (NOTE Registered	1 Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	U00000593006 01/22/07-80013-020 150.00
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEUTSCH, THEODORE Z 1790 W 49TH ST #304 HIALEAH, FL 33012				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				
NAME STREET ADDRESS CULVESTEZIE					

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:

SNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-557-4800

Daytime Phone #