2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2007 08:00 AN Secretary of State

DOCUMENT # 51989

1. Entity Name

FREIDIN & DOBRINSKY, P.A.



Principal Place of Business

Mailing Address

ONE BISCAYI 2 S. BISCAYI MIAMI, FL 3	NE TOWER SUITE 3100 NE BLVD.	ONE BISCAYNE TOWER SUITE 3 2 S. BISCAYNE BLVD. MIAMI, FL 33131	3100		
DO NOT WRITE IN THIS SPACE			CE	02152007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For	
-	The same was assumed to the same same same same same same same sam	" N . 9 - marity of track 3 marie .	أديد للمسلئة سيسا	59-1706803 Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required	
	CAYNE TOWER SUITE 3100 AYNE BLVD.	istered Agent	:	DO NOT WRITE IN THIS SPACE	
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, typed or printed name of registered agent and bille if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Etection Campaign Finar Trust Fund Contribution.		00 May Be ad to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P FREIDIN, PHILIP ONE BISCAYNE TOWER SUITE 310 MIAMI, FL 33131			U00000640083 02/28/07-80038-0187158.75	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		L.,		

12. Thereby 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 apport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 305-371-36Go

Daytime Phone •