


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 521223**

1. Entity Name  
**ROBBINS, TUNKEY, ROSS, AMSEL, RABEN & WAXMAN, P.A.**



Principal Place of Business      Mailing Address

**% 2250 SOUTHWEST THIRD AVENUE**      **% 2250 SOUTHWEST THIRD AVENUE**  
**MIAMI, FL 33129**      **MIAMI, FL 33129**

**DO NOT WRITE IN THIS SPACE**



01172007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1709242**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TUNKEY, WILLIAM**  
**2250 SW THIRD AVENUE**  
**MIAMI, FL 33129-2045**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, ALAN 2250 S W THIRD AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBBINS, FRED 2250 S W THIRD AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUNKEY, WILLIAM 2250 S W THIRD AVE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMSEL, ROBERT G 2250 SW 3RD AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RABEN, DAVID 2250 SW 3RD AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/07-80067-007 150.00

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:** \_\_\_\_\_ **1-17-07** **305 858 9550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #