

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 539912 1. Entity Name BUCHBINDER & ELEGANT, P.A.	
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Principal Place of Business 46 S W FIRST STREET MIAMI, FL 33130	4TH FLOOR	Mailing Address 46 S W FIRST STREET MIAMI, FL 33130	4TH FLOOR
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04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1751002	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ELEGANT, IRA M ESQ
46 S W FIRST STREET
MIAMI, FL 33130

4TH FLOOR

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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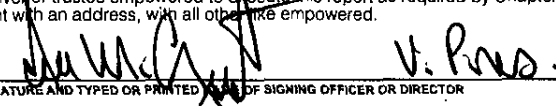
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ELEGANT, IRA M 46 S W FIRST ST 4TH FLR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BUCHBINDER, HARRIS J 46 S W FIRST ST 4TH FLR MIAMI, FL
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04/22/08-80049-001 150.00

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:  V. Pineda. 4.7.08 305 358 1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #