

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90050 028 ***150.00

DOCUMENT # 565139 1. Entity Name BARRY L. WACHHOLDER, P.A., CERTIFIED PUBLIC ACCOUNTANT					
Principal Place of Business PUBLIC ACCOUNTANT 7501 NW 4TH ST #112 PLANTATION, FL 33317			Mailing Address PUBLIC ACCOUNTANT 7501 NW 4TH ST #112 PLANTATION, FL 33317		
2. Principal Place of Business - No P.O. Box # 13601 Sawgrass Corp Pkwy		3. Mailing Address 13601 Sawgrass Corp Pkwy			
Suite, Apt. #, etc. STE 100		Suite, Apt. #, etc. STE 100		01132008 Chg-P CR2E034 (12/06)	
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 59-1784954	
Zip 33323		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WACHHOLDER, BARRY L. 7501 NW 4TH ST #112 PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name Wachholder, Barry L. Street Address (P.O. Box Number is Not Acceptable) 13601 Sawgrass Corp Pkwy STE 100 City Sunrise FL Zip Code 33323	
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 1-31-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WACHHOLDER, BARRY L. 7501 NW 4TH ST #112 PLANTATION, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP PD Wachholder, Barry L. 13601 Sawgrass Corp Pkwy #100 Sunrise, FL 33323			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 the 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 an other like empowered.					
SIGNATURE: 		Date 1-31-08 Daytime Phone # 954-846-1100			
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					