


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90054 026 \*\*\*150.00

<b>DOCUMENT # 565178</b> 1. Entity Name <b>STEPHEN LEE MALIN, P.A.</b>					
Principal Place of Business <b>5975 WEST SUNRISE BLVD. STE 104 SUNRISE FL 33313 US</b>			Mailing Address <b>5975 WEST SUNRISE BLVD. STE 104 SUNRISE FL 33313 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7942 Exeter Circle East</b> Suite, Apt. #, etc.		3. Mailing Address <b>7942 Exeter Circle East</b> Suite, Apt. #, etc.			
City & State <b>Tamarac, FL</b>		City & State <b>Tamarac, FL</b>		4. FEI Number <b>59-1807097</b>	
Zip <b>33321</b> Country <b>USA</b>		Zip <b>33321</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MALIN, STEPHEN L., D.P.M. 5975 W. SUNRISE BLVD. SUNRISE FL 33313 7942 Exeter Circle East Tamarac, FL 33321</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST MALIN, MARILYN 7942 EXETER CIR E FORT LAUDERDALE FL 33321 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MALIN, DR STEPHEN LEE 7942 EXETER CIR E FORT LAUDERDALE FL 33321 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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 Section 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/6/07</b> Daytime Phone # <b>(954) 718-0744</b>		