2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 08:00 AM Secretary of State

		<u> </u>					_
1. Entity Nan	MENT # 600222 schneider, m.d., p.a.				S	ecretary of Sta	a
Principal Plac	ce of Business	Mailing Address		1			
4302 ALTO		4302 ALTONS RD		{			
SUITRE 570		SUITRE 570					
	H, FL 33140	MIAMI BEACH, FL 33140					
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,		an media and	<u> </u>	01032007	No Chg-P	CR2E034 (11/05)	
· [OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe	r	Applied For	_
			or established	59-1083		Not Applicab	le
			and the street of the street o	5 Certificate	of Status Desired	\$8.75 Additional	
	Section 1		en a maria, mais		J. O.G. (35 Desired	Fee Required	
	6. Name and Address of Current R	egistered Agent	- 62 all 2 all 10	क्षा है। इस्ति है देशकार है। अनुस्ति का क्षा	1 0031 1 101		
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SUITE 57				INI T	HIS SF	MACE	
MIAMI BE	ACH, FL 33140			11/1	nio or	ACE	
			1			1	
P. The above	a named entity submits this statement for	he purpose of changing its registe	erad office or register	red agent, or hot	n in the State of Flo	oride. Lam familiar with and accen	nt
the obliga	tions of registered agent.		nou omoo or rogilitor		1, 11 010 01010 01 11	3102. 137.127.112	
		4.		•			
SIGNATURE.	Signature, typed or printed name of registered agent an	totle if applicable (NOTE: Registe	red Agent signature required	(when reinstating)		DATE	
After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<u> </u>	ancing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS					۶. ,
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NAME STREET ADDRESS	SCHNEIDER,NEIL 4302 ALTON RD #570		ar ·	Company of the Compan	02/22/07	1634789 .000202015 150 50	
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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 tiple empowered.

SIGNATURE

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

* 2/9/07

3¢5-5342916

Daytime Phone ∉