2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #600252

1. Entity Name

WEBBER, HINDEN & MCLEAN & ARBEITER, P.A.

Principal Place of Business

Mailing Address

4430 SW 64TH AVE DAVIE, FL 33314 US PO BOX 8549

PEMBROKE PINES, FL 33084

US

FILED Apr 16, 2007 08:00 Al Secretary of State



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CR2E034 (11/05) 02062007 No Chg-P

4. FEI Number 59-1148919

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBBER, BARRY S. 4430 SW 64TH AVE. **DAVIE, FL 33314**

DO NOT WRITE IN THIS SPACE

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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								
	Signature, typed or printed name of registered agent and title	l applicable (NOTE Registered	i Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	<u> </u>	•				
TITLE	Р		·		•			
NAME	WEBBER, BARRY S			•				
STREET ADDRESS	4430 SW 64TH AVE							
CITY-ST-ZIP	DAVIE, FL				·			
TITLE	ST							
NAME	HINDEN, JON A.				,			
STREET ADDRESS	4430 SW 64TH AVE							
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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 divistee 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP