


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 601054</b> 1. Entity Name GERSON, PRESTON, ROBINSON, & COMPANY, P.A.	
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Principal Place of Business 666-71ST STREET MIAMI BEACH, FL 33141	Mailing Address 666-71ST STREET MIAMI BEACH, FL 33141
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02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1262947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  GERSON, GARY R. 666 71ST STREET MIAMI BEACH, FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	GERSON, GARY R.
STREET ADDRESS	666-71ST STREET
CITY-ST-ZIP	MIAMI BEACH, FL 00000,
TITLE	VPS
NAME	PRESTON, RICHARD C.
STREET ADDRESS	666-71ST STREET
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	VPT
NAME	ROSEN, ALAN
STREET ADDRESS	666 71ST STREET
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000644808  
03/02/07-80058-019 150.00

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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 like empowered.

SIGNATURE: \_\_\_\_\_ Date: 2/21/07 (305) 868-3600