


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 601054
 1. Entity Name
GERSON, PRESTON, ROBINSON, & COMPANY, P.A.



Principal Place of Business Mailing Address
666-71ST STREET **666-71ST STREET**
MIAMI BEACH, FL 33141 **MIAMI BEACH, FL 33141**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1262947 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GERSON, GARY R.
666 71ST STREET
MIAMI BEACH, FL

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000822387
 02/19/08-90060-019 150.00

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	686 71ST STREET
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ **2/7/08** Date Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR