2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 601699

Entity Name
 RIFAS, HAROLD M., P.A.



FILED
Jan 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

7900 RED ROAD

SUITE 9

S MIAMI, FL 33143 US

Mailing Address

7900 RED ROAD

SUITE 9

S MIAMI, FL 33143



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1277207

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIFAS, HAROLD M 7900 RED ROAD S MIAMI, 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 accer
	the obligations of registered agent	

SIGNATURE.

Signature: lyped or printed name or registered agent

(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

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIFAS,HAROLD M 7900 RED ROAD 9 S MIAMI, FL
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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:

DE AND TYPED OF BRINTED NAME OF SIGNING OFFICER OF BURECTS

1/5/08

345.662-881

Daylime Phone I