

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90062 012 \*\*\*150.00

**DOCUMENT # 601746**

1. Entity Name  
**DANIEL V. LIGMAN, P.A.**  
**7241 SW 168 St Miami FL**



Principal Place of Business  
~~9155 SO DADELAND BLVD~~  
~~SUITE 1010~~  
~~MIAMI FL 33156~~  
US

Mailing Address  
~~9155 SO DADELAND BLVD~~  
~~SUITE 1010~~  
~~MIAMI FL 33156~~  
US

**33157**



2. Principal Place of Business - No P.O. Box #  
**Above**

3. Mailing Address  
**Above**

Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-1278337** Applied For  
Not Applicable

5. Certificate of Status Desired **NO** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LIGMAN, STEVEN V.**  
**7241 SW 168 St**  
**9155 SO DADELAND BLVD**  
**SUITE 1010**  
**MIAMI FL 33156 33157**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 DATE **2/2/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. **NO** **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LIGMAN, DANIEL V <del>9155 SO DADELAND BLVD SUITE 1010</del> <del>MIAMI FL 33156</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7241 SW 168 St</b> <b>MIAMI FL</b> <b>33157</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS LIGMAN, JAMES C <del>9155 SO DADELAND BLVD SUITE 1010</del> <del>MIAMI FL 33156</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 **2/2/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #