


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 602903 1. Entity Name ROTH, JONAS, MITTELBERG, LEVY & HARTNEY, C.P.A.'S, P.A.	
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Principal Place of Business 8370 W. FLAGLER STREET #125 MIAMI, FL 33144	Mailing Address 8370 W. FLAGLER STREET #125 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1352076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JONAS, PETER
8370 W. FLAGLER STREET #125
MIAMI, FL 33144

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTH, ROBERT 8370 W. FLAGLER ST #125 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONAS, PETER 8370 W. FLAGLER ST #125 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITTELBERG, RICK 8370 W FLAGLER ST #125 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARTNEY, JOHN 8370 W FLAGLER ST #125 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/18/07-80042-004 150.00

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:  1/20/07 305/554-1280
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #