

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 602903**

1. Entity Name  
ROTH, JONAS, MITTELBERG & HARTNEY, C.P.A.'S, P.A.



Principal Place of Business  
8370 W. FLAGLER STREET #125  
MIAMI, FL 33144

Mailing Address  
8370 W. FLAGLER STREET #125  
MIAMI, FL 33144



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1352076

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable

(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**

U00000853081  
03/26/08-80055-012 150.00

**10. OFFICERS AND DIRECTORS**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #