2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 14, 2008 08:00 AN Secretary of State **DOCUMENT # 603787** 1. Entity Namo MARVIN PEARLMAN, P.A. Principal Place of Business Mailing Address 299 ALHAMBRA CIR. #307 CORAL GABLES FL 33134 299 ALHAMBRA CIR. #307 CORAL GABLES FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1409245 Not Applicable Ζıp Ζp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEARLMAN, MARVIN Street Address (P.O. Box Number is Not Acceptable) 299 ALHAMBRA CIR.#307 CORAL GABLES FL 33134 City Zip Code 8. The above named entiry 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 primed harve of regintered agent and tale if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change U00000857770 NAME PEARLMAN, MARVIN 04/01/08-80018-003 150.00 STREET ADDRESS 299 ALHAMBRA CIR.#307 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP TITLE Darete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZI2 CITY-ST-ZIP THLE Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Deiete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: MARVIN PERRY MAN - Massin Flar Grana 3)14/08 FOS)442-2769

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 of 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.