2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 604142

1. Entity Name

SOLOMON, GINSBERG, AND VIGH, P.A.



FILED Feb 14, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1702 N FLA AVE POB 3275 TAMPA, FL 33601 1702 N FLA AVE POB 3275 TAMPA, FL 33601



DO NOT WRITE IN THIS SPACE

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1434643

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, MARVIN 1702 N FLA AVE TAMPA, FL 33602 DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | surpose of changing its registere | ed office or registered agent, or both | h, in the State of Florida. I am familiar with, and accept |
|---|--|--|---|--|
| SIGNATURE. | | | | |
| | Signature, typed or printed name of registered agent and title | f applicable. (NOTE: Registered | 1 Agent agnature required when reinstating) | DATE |
| FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | Election Campaign Finan Trust Fund Contribution. | cing \$5.00 May Be | |
| 10. | OFFICERS AND DIREC | CTORS | | the first first first from the first state of the f |
| NAME STREET ADDRESS CITY-ST-ZIP | PTD SOLOMON MARVIN 1702 N. FLORIDA AVENUE TAMPA, FL | | | 00000063\$1\$\$ 02/23/07-80003-006 1\$0.00 |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | DØ | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ĬŃ. | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| title Name | | | | |

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 attropine like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 FEB 2007

813-229-0115

Daytime Phone