


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90027 008 ***550.00

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # 604227 1. Entity Name LEONARD P. KESSLER PROFESSIONAL ASSOCIATION | | | |  | |
| Principal Place of Business 2076 NO. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 US | | | Mailing Address 1284 BAYVIEW CIRCLE FORT LAUDERDALE, FL 33326 US | | |
| 2. Principal Place of Business - No P.O. Box # 17037 PINES BLVD | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State PEMBROKE PINES, FL | | | City & State | | |
| Zip 33027 | | | Country US | | |
| 4. FEI Number 59-1471700 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent JOEL SAVITT 20801 BISCAYNE BLVD #508 NO. MIAMI BEACH, FL 33180 | | | 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 _____ (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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD KESSLER, LEONARD P. 1284 BAYVIEW CIR FT LAUDERDALE, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S KESSLER, HARRIET 1284 BAYVIEW CIR FT LAUDERDALE, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u>Leonard Kessler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 5/19/07 954-389-4602 <small>Date Daytime Phone #</small> | |