


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 630330 1. Entity Name MONDSCHIN AND MONDSCHIN, P.A.	
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Principal Place of Business 9000 SW 87TH CT SUITE 218 MIAMI, FL 33176	Mailing Address 9000 SW 87TH CT SUITE 218 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1923389	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

**MONDSCHIN, LEONARD E
SUITE 218 9000 SW 87TH CT
MIAMI, FL 33176**

**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, 2008 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	VSD MONDSCHIN, PHILIP H SUITE 218 9000 SW 87 CT MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MONDSCHIN, LEONARD E SUITE 218 9000 SW 87 CT MIAMI, FL 00000,
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03/06/08-80022-006 150.00

**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:  **PHILIP H. MONDSCHIN** 2-16-08 305-274-0955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #