2007 FOR PROFIT CORPORATION ANNUAL REPORT

ROBERT E. PANOFF, P.A.



Principal Place of Business

9400 SOUTH DADELAND BLVD.

STE. 106 MIAMI, FL 33156 Mailing Address

9400 SOUTH DADELAND BLVD.

STE. 106

MIAMI, FL 33156

FILED Apr 13, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-2005357 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

PANOFF, ROBERT E. 9400 SOUTH DADELAND BLVD. MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the pritions of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered Ag	ent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANOFF, ROBERT E 9400 S DADELAND BLVD MIAMI, FL 00000,				U00000705322 04/23/07-80047-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

RIGHING OFFICER OR DIRECTOR