


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 681069</b> 1. Entity Name SHUBITZ ROSENBLUM & CO., P.A.	
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Principal Place of Business 13701 SW 88TH ST STE 300 MIAMI, FL 33186-1309	Mailing Address 13701 SW 88TH ST STE 300 MIAMI, FL 33186-1309
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2013068	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSENBLUM, HOWARD  
13701 SW 88TH ST STE 300  
MIAMI, FL 33186-1309

**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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUBITZ, LEONARD ALAN 13701 SW 88TH ST STE 300 MIAMI, FL 331861309
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBLUM, HOWARD 13701 SW 88TH ST STE 300 MIAMI, FL 331861309
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02/01/07-80026-010 150.00

**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 empowerments.

SIGNATURE: *Leonard Alan Shubit* CPA TRANS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD ALAN SHUBITZ

1/8/07

Date

(305) 596-0000

Daytime Phone #