

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90014 002 ***150.00

DOCUMENT # 691880

1. Entity Name

WILLIAM H. STOLBERG, P.A.



Principal Place of Business

800 SE 3RD AVE
 4TH FLR
 FT LAUDERDALE FL 33316

Mailing Address

800 SE 3RD AVE
 4TH FLR
 FT LAUDERDALE FL 33316



2. Principal Place of Business - No P.O. Box #

110 East Broward Blvd

Suite, Apt. #, etc.
 1540

City & State
 Ft Lauderdale, FL

Zip
 33301

Country
 Broward

3. Mailing Address

110 East Broward Blvd

Suite, Apt. #, etc.
 1540

City & State
 Ft Lauderdale, FL

Zip
 33301

Country
 Broward

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2097749

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLBERG, WILLIAM
 800 SE 3RD AVE
 4TH FLOOR
 FT LAUDERDALE FL 33316

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

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

(NOTE: Registered Agent signature required when terms (e.g.):

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
PD	STOLBERG, WILLIAM H.	800 SE 3RD AVE	FT. LAUDERDALE FL 33316	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	William H. Stolberg	110 East Broward Boulevard Ste 1540	Fort Lauderdale, FL 33301	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William H. Stolberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08

Date

954-525-2300

Days to Prepare *