

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F14657

1. Entity Name
SUSAN M. KLOCK, P.A.



Principal Place of Business
**5415 COLLINS AVE
#706
MIAMI BEACH, FL 33140**

Mailing Address
**5415 COLLINS AVE
#706
MIAMI BEACH, FL 33140**



04152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2095786	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KLOCK, SUSAN M
5415 COLLINS AVE
#706
MIAMI BEACH, FL 33140**

**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

Susan M. Klock

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

(NOTE: Registered Agent signature required when reinstating)

4/15/07

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	PSTD
NAME	KLOCK, SUSAN M
STREET ADDRESS	5415 COLLINS AVE. #706
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/27/07-80018-014 150.00

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:

Susan M. Klock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07

Date

*786.853
1220*

Daytime Phone #