

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90002 023 \*\*\*150.00

**DOCUMENT # F36822**  
 1. Entity Name  
 HOWARD M. AMDUR, C.P.A., P.A.



Principal Place of Business  
~~11420 N KENDALL DRIVE #202~~  
~~MIAMI, FL 33176~~

Mailing Address  
 11420 N KENDALL DRIVE #202  
 MIAMI, FL 33176

4014000



2. Principal Place of Business - No P.O. Box #  
**4780 S.W. 64th Ave**

3. Mailing Address  
**4780 S.W. 64th Ave**

Suite, Apt. #, etc.  
**#104**

07032007 Chg-P CR2E034 (12/06)

City & State  
**Davie FL**

City & State  
**Davie FL**

Zip  
**33314**

Country  
**Broward**

4. FEI Number  
**59-2092103**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AMDUR, HOWARD M.**  
~~11420 N KENDALL DRIVE 202~~  
~~MIAMI, FL 33176~~

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4780 S.W. 64th Ave #104**

City  
**Davie**

FL Zip Code  
**33314**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, last name, first name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	AMDUR, HOWARD M	<del>11420 N KENDALL DR 202</del>	<del>MIAMI, FL</del>	<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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>4780 S.W. 64th Ave #104</b>	<b>Davie, FL 33314</b>	<input checked="" 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 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 of Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: [Signature] **CPA PA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7-3-07**  
 Davie Phone #: **(954) 781-6110**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

ATTACHMENT

DOCUMENT # F36822

1. Corporation Name  
HOWARD M AMDUR CPA P.A.

2. Principal Office Address - No P.O. Box #  
4780 S.W. 64th Ave

3. Mailing Office Address  
4780 S.W. 64th Ave.

Suite, Apt. #, etc.  
#104

Suite, Apt. #, etc.  
#104

City & State  
Davie, FL

City & State  
Davie, FL

Zip 33314	Country Broward	Zip 33314	Country Broward
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4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number 59-2092103	Applied For
	Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

40123078  
CR2E081 (1/07)

**7. Name and Address of Current Registered Agent**

Name  
Howard M. Amdur

Street Address (P.O. Box Number is Not Acceptable)  
4780 S.W. 64th Ave #104

Suite, Apt. #, Etc.

City  
Davie

State FL	Zip Code 33314
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 7-3-07

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Howard M Amdur	4780 S.W. 64th Ave #104	Davie FL 33314

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  Date 7/3/07 Daytime Phone # (954) 581-6550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR