2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # F36822

1. Entity Name

HOWARD M. AMDUR, C.P.A., P.A.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

4780 S.W. 64TH AVE

DAVIE, FL 33314

Mailing Address

4780 S.W. 64TH AVE

DAVIE, FL 33314



01042008

No Chg-P

CR2E034 (11/05)

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

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

OFFICERS AND DIRECTORS

AMDUR, HOWARD M 4780 S.W. 64TH AVE STE 104 DAVIE, FL 33314

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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.	
	.f	

SIGNATURE.

10.

\$5.00 May Be

U000000918851 05/13/08-80037-018-150-00

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

Added to Fees

(NOTE: Registered Agent signature required when reinstating)

TITLE AMDUR, HOWARD M NAME STREET ADDRESS 4780 S.W. 64TH AVE STE 104 CITY - ST - ZIP **DAVIE, FL 33314** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qually for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or slipplemental report is true and accurate and hat my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 37 Florida Statutes; and that my name appears in Brock In a Block II changed, or on an attackment with an address, with all other like emptwered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI