
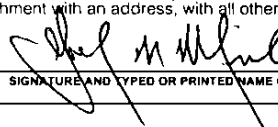


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90078 019 ***150.00

DOCUMENT # F48754 1. Entity Name JOEL N. MINSKER, P.A.					
Principal Place of Business 1110 BRICKELL AVE 7TH FLOOR MIAMI, FL 33131-3107 US			Mailing Address 1110 BRICKELL AVE SUITE 700 MIAMI, FL 33131-3107 US		
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address SAME			
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc. SAME			
City & State SAME		City & State SAME		4. FEI Number 59-2133677	
Zip 33131-3136		Country SAME		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINSKER, JOEL N 1110 BRICKELL AVE 7TH FLOOR MIAMI, FL 33131-3107				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVE SUITE 700 City SAME FL Zip Code 33131-3136	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV MINSKER, JOEL N 1110 BRICKELL AVE, STE 700 MIAMI, FL 331313107 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	} SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI, FL 33131-3136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINSKER, JOEL N. 1110 BRICKELL AVE, STE 700 MIAMI, FL 331313107 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	} SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI, FL 33131-3136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  JOEL N. MINSKER, PRES. MARCH 8, 2007 (305) 371-6800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					