

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F48754 1. Entity Name JOEL N. MINSKER, P.A.	
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Principal Place of Business 1110 BRICKELL AVE 7TH FLOOR MIAMI, FL 33131-3136 US	Mailing Address 1110 BRICKELL AVE 7TH FLOOR MIAMI, FL 33131-3136 US
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04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2133677	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MINSKER, JOEL N 1110 BRICKELL AVE SUITE 700 MIAMI, FL 33131-3136
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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.

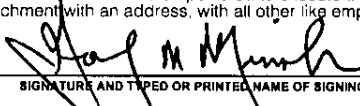
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000913375 05/08/08-80013-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV MINSKER, JOEL N 1110 BRICKELL AVE, STE 700 MIAMI, FL 331313136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINSKER, JOEL N. 1110 BRICKELL AVE, STE 700 MIAMI, FL 331313136
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DO NOT WRITE IN THIS SPACE

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, P.A.** **APRIL 18, 2008** **305-371-6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #