


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90006 028 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # F60434<br>1. Entity Name<br>SAMUEL I. BURSTYN, P.A. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>801 BRICKELL AVENUE<br>PENTHOUSE ONE<br>MIAMI, FL 33131 US | Mailing Address<br>801 BRICKELL AVENUE<br>PENTHOUSE ONE<br>MIAMI, FL 33131 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**

|  |                                   |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>BURSTYN, SAMUEL I.<br>801 BRICKELL AVENUE<br>PENTHOUSE ONE<br>MIAMI, FL 33131 | <b>DO NOT WRITE IN THIS SPACE</b> |
|--|-----------------------------------|

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 04/20/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PST<br>BURSTYN, SAMUEL I.<br>801 BRICKELL AVENUE<br>MIAMI, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BURSTYN, SAMUEL I.<br>801 BRICKELL AVENUE<br>MIAMI, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**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:  DATE: 04/27/07 DAYTIME PHONE #: 305 373 0144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40113710



01132007 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2131097                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |