


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # G07471 1. Entity Name STEINBERG & GOTTDIENER, INC.					
Principal Place of Business 8600 N.W. SOUTH RIVER DRIVE SUITE 218 MIAMI FL 33166 US		Mailing Address 8600 N.W. SOUTH RIVER DRIVE SUITE 218 MIAMI FL 33166 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2235627	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOTTDIENER, GEORGE 8600 N.W. SOUTH RIVER DRIVE MIAMI FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reorganizing))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 P NAME GOTTDIENER, GEORGE <input type="checkbox"/> Delete	STREET ADDRESS 20515 E CC DR CITY-ST-ZIP AVENTURA FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000849763 03/21/08-80033-019 150.00	
TITLE VP <input type="checkbox"/> Delete	NAME STEINBERG, ALAN STREET ADDRESS 3241 SW 192 AVE CITY-ST-ZIP MIRAMAR FL 33029		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	
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1st MOORE CR2E034 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *George Gottdiener* **3-3-08** **305-885 9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR