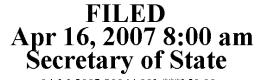
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # G09844



DOCUMENT # G09844 1. Entity Name FLORIDA REPORTING SERVICE, INC.					04-16-2007 90044 001 ***150.00			
Principal Place of Business 320 SE 9TH ST. SUITE 5 FT. LAUDERDALE, FL 33316 US		Mailing Address 320 S.E. 9TH ST. SUITE 5 FT. LAUDERDALE, FL 33316		US			ETEN SIEN BIEW BIEW ETEN EI	
Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 65-0088		 	oplied For of Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate of	f Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	ddress of New R	egistered Agent	
WALLACH, LAVELLE 320 S.E. 9TH ST.				Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE, FL 33316								
				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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Figure (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WALLACH, LAVELLE 320 SE 9TH ST FORT LAUDERDALE, FL 33316	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALLACH, HARVEY J 320 SE 9TH ST s					·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV HAUSS, TANYA L 320 SE 9 STREET FORT LAUDERDALE, FL 33316	Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E Et adoress -St-Zip			☐ Change	Addition
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exe	emptions contained	in Chapter 119,	Florida Statutes, I	further certify that the in	nformation

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 withhan address, with all other like empowered.