2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G21103

1. Entity Name STEVEN GOLDSTON, P.A.



FILED Jan 31, 2008 08:00 A Secretary of State

Principal Place of Business

10727 SW 104TH ST. C/O STEVEN GOLDSTON MIAMI, FL 33176 Mailing Address

10727 SW 104TH ST. C/O STEVEN GOLDSTON MIAMI, FL 33176



DO NOT WRITE IN THIS SPACE

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2250353

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTON, STEVEN 10727 SW 104TH ST. MIAMI, FL 33176 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____

10.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE GOLDSTON, STEVEN NAME 10727 SW 104TH ST. STREET ADDRESS MIAMI, FL CITY-ST-ZIE TITLE GOLDSTON, LAURA NAME 10727 SW 104TH ST. STREET ADDRESS MIAMI, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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DO NOT WRITE

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 chapped or on an attachment with address, with all other like empowered.

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

BIGHATUREIAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-28-08

e Dayti

Daytime Phone #