

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90040 043 ***150.00

DOCUMENT # G36256

1. Entity Name
ABRAMSON & MAGIDSON, P.A.



Principal Place of Business

**930 N. KROME AVE., 2A
HOMESTEAD, FL 33030 US**

Mailing Address

**930 N. KROME AVE., 2A
HOMESTEAD, FL 33030 US**

40016882



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2290008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAGIDSON, DAVID L.
930 N. KROME AVE
STE 2A
HOMESTEAD, FL 33030**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ABRAMSON, JOHN M**
STREET ADDRESS **930 N KROME AVE; STE 2A**
CITY- ST- ZIP **HOMESTEAD, FL 33030**

TITLE **STD** ☐ Delete
NAME **MAGIDSON, DAVID L.**
STREET ADDRESS **930 N KROME AVE; STE 2A**
CITY- ST- ZIP **HOMESTEAD, FL 33030**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 28, 2008

ATTACHMENT

40016882

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A+M P.A.

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Document Number G36256

Business Entity Name ABRAMSON & MAGIDSON, P.A.

FEI Number 59 - 2290008

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 930 N. KROME AVE., 2A (PO Box not acceptable)

Suite, Apt. #, etc.

City, State HOMESTEAD, FL

Zip Code & Country 33030 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal address

Address 930 N. KROME AVE., 2A

Suite, Apt. #, etc.

City, State HOMESTEAD, FL

Zip Code & Country 33030 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA MAGIDSON, DAVID L.

Street Address in Florida 930 N. KROME AVE (PO Box not acceptable)

Suite, Apt. #, etc. STE 2A

City, State HOMESTEAD, FL

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#636256

Zip Code & Country 33030 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature DAVID MAGIDSON

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title P/D
Name (Last, First, Middle, Title) ABRAMSON, JOHN M
- OR -
Entity Name to serve as Officer/Director
Street Address 930 N KROME AVE; STE 2A
City, State HOMESTEAD, FL
Zip Code & Country 33030

Name And Address #2

Title STD
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director MAGIDSON, DAVID L.
Street Address 930 N KROME AVE; STE 2A
City, State HOMESTEAD, FL
Zip Code & Country 33030

Name And Address #3

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director
Street Address
City, State
Zip Code & Country

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Name And Address #4.

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PD

Officer/Director Signature

JOHN ABRAMSON

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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