



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G45365</b>	
1. Entity Name ANDREW C. WALDMAN, INC.	

Principal Place of Business 1255 S. MILITARY TRAIL SUITE 200 DEERFIELD BEACH, FL 33442 US	Mailing Address 1255 S. MILITARY TRAIL SUITE 200 DEERFIELD BEACH, FL 33442 US
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DO NOT WRITE IN THIS SPACE

	
04182008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2296993	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WALDMAN, ANDREW C 1255 S. MILITARY TRAIL SUITE 200 DEERFIELD BEACH, FL 33442
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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 \_\_\_\_\_  
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> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000947714 06/02/08-80027-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS WALDMAN, ANDREW C. 1255 S. MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALDMAN, ANA MARIA 1255 S. MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** A.M. Waldman A.M. Waldman 4/24/08 (954) 426-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #