


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # G71728		
1. Entity Name WAKS & BARNETT, P.A.		
Principal Place of Business 7103 S.W. 102 AVE., STE.A MIAMI, FL 33173	Mailing Address 7103 S.W. 102 AVE., STE.A MIAMI, FL 33173	



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2347978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARNETT, JOEL M.
7103 S.W. 102 AVE., STE.A
MIAMI, FL 33173

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME WAKS, ANDREW
STREET ADDRESS 12300 SW 89TH AVENUE
CITY - ST - ZIP MIAMI, FL

TITLE VTD
NAME BARNETT, JOEL M.
STREET ADDRESS 11501 SW 88 AVE
CITY - ST - ZIP MIAMI, FL 33176

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000000628770
02/16/07-80030-008 150.00

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IN THIS SPACE**

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 Joel M. Barnett / JOEL M. BARNETT / 2/5/07 / 305-271-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #