


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90410 030 ***150.00

DOCUMENT # G80899		
1. Entity Name LAWRENCE S. KLITZMAN, P.A.		

Principal Place of Business 1391 SAWGRASS CORP. PKWY FORT LAUDERDALE, FL 33325 US	Mailing Address PO BOX 267430 FORT LAUDERDALE, FL 33326 US
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40087771



2. Principal Place of Business - No P.O. Box # 1391 Sawgrass Corp Pkwy Suite, Apt. #, etc.	3. Mailing Address 1391 Sawgrass Corp Pkwy Suite, Apt. #, etc.
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02112008 Chg-P CR2E034 (12/06)

City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323	Zip 33323
Country USA	Country USA

4. FEI Number 59-2351531	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLITZMAN, LAWRENCE S 1391 SAWGRASS CORP. PKWY FORT LAUDERDALE, FL 33325	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1391 Sawgrass Corporate Parkway City Sunrise FL Zip 33323	
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLITZMAN, LAWRENCE S 1391 SAWGRASS CORP. PKWY. FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-10-08 Daytime Phone: 784/374442