

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # G81443		
1. Entity Name STUART H. ABRAMSON, ESQUIRE, P.A.		
Principal Place of Business 9300 S DADELAND BLVD 600 MIAMI, FL 33156 US	Mailing Address 9300 S DADELAND BLVD 600 MIAMI, FL 33156 US	



02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2068420	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ABRAMSON, STUART, ESQ.
9300 S DADELAND BLVD
SUITE 600
MIAMI, FL 33156

**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 _____

Signature: typed or printed name of registered agent and title 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

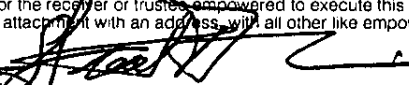
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04/14/08-80001-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABRAMSON, STUART
STREET ADDRESS	9300 S DADELAND BLVD, STE 600
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	ST
NAME	ABRAMSON, BARBARA
STREET ADDRESS	9300 S. DADELAND BLVD., SUITE 600
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:  **STUART ABRAMSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

Date

(305) 671-2260

Daytime Phone #