


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90013 019 ***150.00

DOCUMENT # H89225 1. Entity Name ALAN M. GOLDBERG, P.A.					
Principal Place of Business 17971 BISCAYNE BLVD. S-104 AVENTURA, FL 33160 US		Mailing Address 17971 BISCAYNE BLVD. S-104 AVENTURA, FL 33160 US			
2. Principal Place of Business - No P.O. Box # 17971 BISCAYNE BLVD		3. Mailing Address 17971 BISCAYNE BLVD			
Suite, Apt. #, etc. SUITE 104		Suite, Apt. #, etc. SUITE 104			
City & State AVENTURA FL		City & State AVENTURA FL			
Zip 33160		Country US		4. FEI Number 59-2607552	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOLDBERG, ALAN M. 17971 BISCAYNE BLVD. S-104 AVENTURA, FL 33160			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 _____ (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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, ALAN M. 17971 BISCAYNE BLVD STE 104 AVENTURA, FL 33160		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Alan M. Goldberg</i> ALAN M GOLDBERG 1/17/08 305-932-8617 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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