

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H96121**

1. Entity Name  
**ATTORNEYS BOOKKEEPING SERVICE, INC.**



Principal Place of Business  
**333 UNIVERSITY DRIVE  
SUITE 212  
CORAL GABLES, FL 33134**

Mailing Address  
**333 UNIVERSITY DRIVE  
SUITE 212  
CORAL GABLES, FL 33134**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2628447**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**D'ANGELO, FLORENCE  
333 UNIVERSITY DRIVE  
SUITE 212  
CORAL GABLES, FL 33134**

**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**

U000000220873  
02/19/08-00001-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME D'ANGELO, FLORENCE  
STREET ADDRESS 333 UNIVERSITY DR.  
CITY-ST-ZIP CORAL GABLES, FL

TITLE S  
NAME STERN, HAROLD  
STREET ADDRESS 333 UNIVERSITY DR.  
CITY-ST-ZIP CORAL GABLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Florence D'Angelo, president*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-08  
Date

305-444-0209  
Daytime Phone #

*FLORENCE D'ANGELO*