


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90055 039 \*\*\*150.00

<b>DOCUMENT # J01920</b>	
1. Entity Name <b>HERBERT F. STORCH, P.A.</b>	

Principal Place of Business <b>120 SOUTH UNIVERSITY DRIVE SUITE F PLANTATION, FL 33324</b>	Mailing Address <b>120 SOUTH UNIVERSITY DRIVE SUITE F PLANTATION, FL 33324</b>
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2. Principal Place of Business - No P.O. Box # <b>7471 W. OAKLAND PARK BLVD</b>	3. Mailing Address <b>7471 W. OAKLAND PARK BLVD</b>
Suite, Apt. #, etc. <b>102</b>	Suite, Apt. #, etc. <b>102</b>

City & State <b>LAUDERHILL, FL</b>	City & State <b>LAUDERHILL, FL</b>
Zip <b>33319</b>	Zip <b>33319</b>
Country <b>BROWARD</b>	Country <b>BROWARD</b>



03152007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>STORCH, HERBERT F. 120 S UNIVERSITY DR #F PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent Name <b>STORCH, HERBERT F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7471 W. OAKLAND PARK BLVD</b> <b># 102</b> City <b>LAUDERHILL</b> FL Zip Code <b>33319</b>	

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 *Herbert F. Storch* **HERBERT F. STORCH** DATE **3-15-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STORCH, HERBERT F. <input type="checkbox"/> Delete 120 S UNIVERSITY DR #F PLANTATION, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STORCH, HERBERT F. 7471 W. OAKLAND PARK BLVD #102 LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORCH, HERBERT F. <input type="checkbox"/> Delete 120 S UNIVERSITY DR #F PLANTATION, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STORCH, HERBERT F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7471 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33319
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
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
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
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

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: *Herbert F. Storch* **HERBERT F. STORCH** DATE **3-15-07** DAYTIME PHONE # **954 572-1294**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR