

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90047 022 ***150.00

40004905



01142008 Chg-P CR2E034 (12/06)

DOCUMENT # J21822 1. Entity Name HENRY BLEIER, C.P.A., P.A.					
Principal Place of Business 2699 STIRLING RD. STE C-307 FT. LAUDERDALE, FL 33312			Mailing Address 2699 STIRLING RD. STE C-307 FT. LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box # 1776 N. Pine Is Rd		3. Mailing Address 1776 N. Pine Is Rd			
Suite, Apt. #, etc. 118		Suite, Apt. #, etc. 118			
City & State Plantation, FL		City & State Plantation, FL		4. FEI Number 59-2678231	
Zip 33322		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLEIER, HENRY 2699 STIRLING RD. STE C-307 FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Bleier, Henry Street Address (P.O. Box Number is Not Acceptable) 1776 N. Pine Is Rd #118 City Plantation FL Zip Code 33322			
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 transferring) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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 BLEIER, HENRY 2699 STIRLING RD, #C-307 FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bleier, Henry 1776 N. Pine Is Rd C-307 Plantation, FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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:			Date: 1/14/08 Daytime Phone #: _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					