2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2007 8:00 am
Secretary of State
05-22-2007 90014 014 ***150.00

DOCUMENT # J62941

1. Entity Name
BARRY M. SILVER, P.A.

66018673

Principal Place of Business	Mailing Address
1200 S.ROGERS CIRCLE SUITE 8 BOCA RATON FL 33487 US	1200 S.ROGERS CIRCLE SUITE 8 BOCA RATON FL 33487 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2803599 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVER, BARRY M.
1200 S. ROGERS CIRCLE
SUITE 8
BOCA RATON FL 33487

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 [signature] 5/17/07
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPS SILVER, BARRY M. 18624 CAPE SABLE DR BOCA RATON FL 33498	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 6-6-07 561-483-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

Barry M. Silver, P.A.

ATTORNEY AT LAW

660186673

#J62941

BARRY M. SILVER
(561) 483-6900
(561) 488-4676 FAX

1200 S. ROGERS CIRCLE, SUITE 8
BOCA RATON, FLORIDA 33487
EMAIL: BARRYBOCA@AOL.COM

May 17, 2007

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Florida 32314

To Whom It May Concern:

I am enclosing my 2007 For Profit Corporation Annual Report which I just received on this date. I am also enclosing my check in the amount of $150.00.

As I received this form after the deadline of May 1, 2007, I trust that I will not be penalized with the additional $400.00 late fee.

Thank you for your attention and cooperation in this matter.

Very truly yours,

Barry Silver

BARRY SILVER

BS:nt
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