

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90205 024 \*\*\*150.00

**DOCUMENT # J79861**

1. Entity Name

JUDY BROSTOFF & ASSOCIATES, INC.



Principal Place of Business

4651 SW 51 ST  
FT LAUDERDALE FL 33314  
US

Mailing Address

4651 SW 51 ST  
FT LAUDERDALE FL 33314  
US

2. Principal Place of Business - No P.O. Box #

8847 HARRODS DRIVE

3. Mailing Address

8847 HARRODS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33433

Country

U.S.A.

Zip

33433

Country

U.S.A.

4. FEI Number 59-2831159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROSTOFF, ALAN  
8847 HARRODS DR  
BOCA RATON FL 33433

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when no registered)

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

TITLE ☒ NAME ☒  
PSD  
BROSTOFF, JUDY  
8847 HARRODS DR  
BOCA RATON FL 33433 ☐ Delete

TITLE ☒ NAME ☒  
TD  
BROSTOFF, ALAN  
8847 HARRODS DR  
BOCA RATON FL 33433 ☐ Delete

TITLE ☐ NAME ☐  
☐ Delete

TITLE ☐ NAME ☐  
☐ Delete

TITLE ☐ NAME ☐  
☐ Delete

TITLE ☐ NAME ☐  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ NAME ☐  
☐ Change ☐ Addition

TITLE ☐ NAME ☐  
☐ Change ☐ Addition

TITLE ☐ NAME ☐  
☐ Change ☐ Addition

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TITLE ☐ NAME ☐  
☐ 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:

*Alan Brostoff* ALAN BROSTOFF TREASURER 4/17/07 561-883-1956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #