


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90043 037 \*\*\*150.00

<b>DOCUMENT # J96429</b> 1. Entity Name <b>ALLEN H. KATZ, P.A.</b>	
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Principal Place of Business <b>2800 E COMMERCIAL BLVD 208 FT. LAUDERDALE, FL 33308</b>	Mailing Address <b>2800 E COMMERCIAL BLVD 208 FT. LAUDERDALE, FL 33308</b>
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2. Principal Place of Business - No P.O. Box # <b>175 W. CAMINO REAL BOCA RATON, FL 33432 U.S.A</b>	3. Mailing Address <b>13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446</b>
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02042008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0015222</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KATZ, ALLEN H. 2800 E COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL 33308</b>	7. Name and Address of New Registered Agent Name <b>ALLEN H KATZ, P.A.</b> Street Address <b>13900 S. JOG ROAD # 203-276</b> City <b>DELRAY BEACH, FL 33446</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>ALLEN H KATZ, P.A.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KATZ, ALLEN H.</b>		NAME <b>13900 S. JOG ROAD</b>	
STREET ADDRESS <b>2800 E COMMERCIAL BLVD STE 208</b>		STREET ADDRESS <b># 203-276</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33308</b>		CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	
TITLE <b>PS</b>	<input type="checkbox"/> Delete	TITLE <b>DORIS KATZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KATZ, DORIS</b>		NAME <b>13900 S. JOG ROAD</b>	
STREET ADDRESS <b>2800 E. COMMERCIAL BLVD STE 208</b>		STREET ADDRESS <b># 203-276</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33308</b>		CITY-ST-ZIP <b>DELRAY BEACH, FL 33446</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Allen H Katz* **ALLEN H KATZ** 3/13/08 30615448860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #