

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-05-2007 90045 023 ***150.00

DOCUMENT # K21057 1. Entity Name RONALD G. FISHMAN & ASSOCIATES, INC.			
Principal Place of Business 120 SO UNIVERSITY DR STE B PLANTATION, FL 33324 US		Mailing Address 120 SO UNIVERSITY DR STE B PLANTATION, FL 33324 US	
2. Principal Place of Business - No P.O. Box # 115 LAKESHORE DRIVE		3. Mailing Address 60894 WILLOW CREEK	
Suite, Apt. #, etc. # 2048		Suite, Apt. #, etc. 	
City & State NPB, FL		City & State BEND, OR	
Zip 33408		Zip 97702	
Country US		Country US	
4. FEI Number 65-0045681		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHMAN, RONALD G 120 SO UNIVERSITY DR STE B PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name RONALD G. FISHMAN Street Address (P.O. Box Number is Not Acceptable) 60894 WILLOW CREEK City BEND State OR Zip 97702	
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, the registered agent. SIGNATURE: <u><i>Stuart E. Frankford</i></u> PRESIDENT <u><i>3/1/07</i></u> 3/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	P FISHMAN, RONALD G. 120 SO UNIVERSITY DR, STE B PLANTATION, FL	<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"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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: <u><i>Ronald G. Fishman</i></u> RONALD G. FISHMAN		<u><i>3/1/07</i></u> 3/1/07 <u><i>561-630-0477</i></u> Date Daytime Phone #	