2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

ANNUAL REPURT			_	Secretary of Stat			
DOCUMENT # L33493 1. Entity Name KASS, SHULER, SOLOMON, SPECTOR, FOYLE & SINGER, P.A.)	50	ci etai y	or Stat	
Principat Place of Business	Mailing Address	e m	_				
1505 NORTH FLORIDA AVE	1505 NORTH FLORIDA AVE TAMPA, FL 33602						
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		arena de la comunicación de la c		of Status Desired	\$8.7	5 Additional	
6. Name and Address of Current Reg	istered Agent	1	1	, A , C 1		Spend of 13	
KASS, MICHAEL		· · · ·	- AA	NOTIM			
1505 N FLORIDA AVE		a and a	and the second	NOT W	. ,	and the second of the second	
TAMPA, FL 33602			IN T	THIS SP	ACE	ه الحقي المحمد الم المحمد المحمد المحم	
		, , ,				a a rath as	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and all		ed Agent signature require		Logogo	DATE		
FILE NOW!!! FEE 19 \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be ded to Fees	700000 - 01/19/07	891003 80006-002	150 . 00	
10. OFFICERS AND DIRI	ECTORS	-		1		,, ,	
TITLE DPS NAME KASS, MICHAEL A.				و در ده در این در		e de la companya de La companya de la co	
STREET ADDRESS 1505 NORTH FLORIDA AVE. CITY-ST-ZIP TAMPA, FL			1		s e e e		
TITLE DT				to a section of the s		The second of th	
NAME SHULER, JAMES M. STREET ADDRESS 1505 NORTH FLORIDA AVE.			t •	12,00			
CITY-ST-ZIP TAMPA, FL		<u>.</u>	,	W * 1 - 194	• • •	, ,,	
TITLE NAME					,		
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STREET ADDRESS CITY-ST-ZIP			* * * * * * * * * * * * * * * * * * *	Joyan Baran Baran Maria Ma Maria Maria Ma			
TITLE		1	Security of Security	1.88 A			
NAME STREET ADDRESS		,	the second	i dina se		professional services	
CITY-ST-ZIP			· · · · · ·	X1 1 400 X1 3	0.7	esperate the second	

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 supplimental 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 that 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 abdress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

112/06

813-229-0900

Daytime Phone #