2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L39519 1. Entity Name OLIVER LANGSTADT, P.A.



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

5761 SW 89TH COURT MIAMI, FL 33173 Mailing Address

5761 SW 89TH COURT MIAMI, FL 33173



	WRITE			~~ ~ ~ ~
	456969644	17.1		
 7VI	VVRII	111	.	3641.6
1101	****		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UI

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

65-0170926

Not Applicable

\$8.75 Additional

58.75 Addition

6. Name and Address of Current Registered Agent

LANGSTADT, OLIVER 815 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE						
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu)			
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LANGSTADT, OLIVER 5761 SW 89 COURT MIAMI, FL 33173					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGSTADT, OLIVER 5761 SW 89 COURT MIAMI, FL 33173					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D(O NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	I THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS	,		000000721843 05/02/07-80007-024 150.00			

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 repeiver 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 attachnight with an address, with all other like empowered.

SIGNATURE:

CITY-ST-71P

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/2007 305648 390