

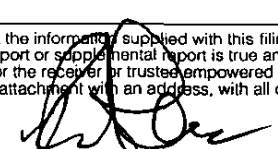


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90033 039 ***150.00

DOCUMENT # L50229 1. Entity Name RICHARD A. COREN, P.A.					
Principal Place of Business 3599 HOLLYWOOD OAKS DRIVE FORT LAUDERDALE, FL 33312 US				Mailing Address 3599 HOLLYWOOD OAKS DRIVE FORT LAUDERDALE, FL 33312 US	
2. Principal Place of Business - No P.O. Box # 7346 SEDONA WAY		3. Mailing Address 7346 SEDONA WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL			
Zip 33446		Country USA		4. FEI Number 65-0172845	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COREN, RICHARD A. 3599 HOLLYWOOD OAKS DRIVE HOLLYWOOD, FL 33312				7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7346 SEDONA WAY City DELRAY BEACH FL Zip Code 33446	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DP COREN, RICHARD A. 3599 HOLLYWOOD OAKS DRIVE HOLLYWOOD, FL 33312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7346 SEDONA WAY DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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: 			RICHARD A COREN		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/31-08 Daytime Phone # 305-218-5006		