

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 23 AM 5:01

DOCUMENT # L76668

1. Entity Name
ELAINE E. FELDMAN, P.A.



Principal Place of Business

9301 SW 62 COURT
MIAMI, FL 33156

Mailing Address

9301 SW 62 COURT
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

04/25/07 90192 012 \$150.00
05162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0205347

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, ELAINE E.
9301 SW 62 COURT
MIAMI, FL 33156

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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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
FELDMAN, ELAINE E.
9301 SW 62 COURT
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Elaine E. Feldman, President, Director 5/15/07 305 666-3837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elaine E. Feldman