


**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90063 010 \*\*\*150.00

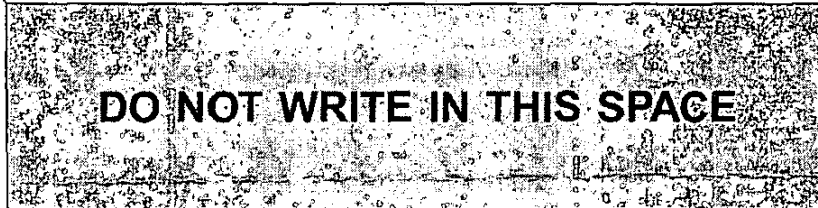
**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # M03313**

1. Entity Name  
 JOHN R. SORKIN, P.A.



Principal Place of Business 1840 MAIN STREET, #204 WESTON, FL 33326	Mailing Address 1840 MAIN STREET, #204 WESTON, FL 33326
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40111422



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2489957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORKIN, JOHN R.  
 1840 MAIN STREET, #204  
 WESTON, FL 33326



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.

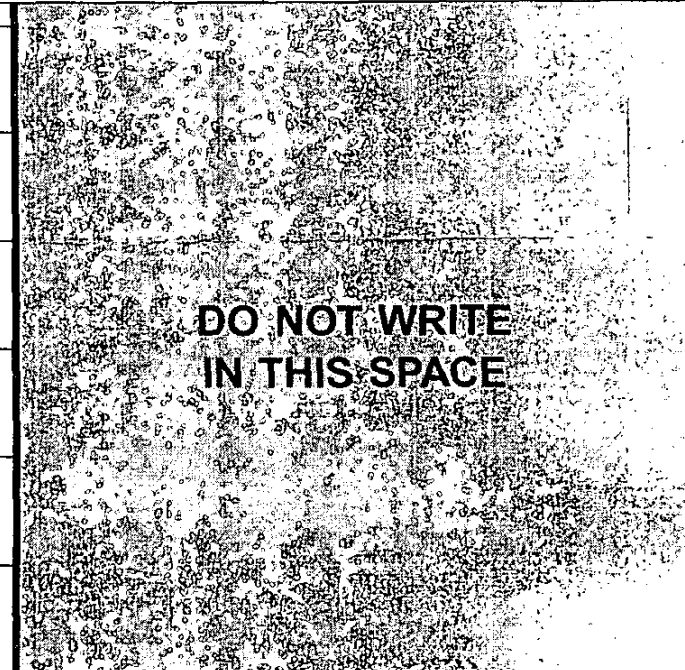
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	PST SORKIN, JOHN R. 1840 MAIN STREET, #204 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SORKIN, JOHN R. 1840 MAIN STREET, #204 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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: John R. Sorkin Date: 4/30/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #