


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M13685</b> 1. Entity Name SYDNEY S. TRAUM, P.A.	
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Principal Place of Business 1320 SOUTH DIXIE HWY PENTHOUSE SUITE 1275 MIAMI, FL 33146 US	Mailing Address 55 SOUTH PROSPECT DR CORAL GABLES, FL 33133 US
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2513193	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TRAUM, SYDNEY S. C/O LEVEY, AIRAN, SHEVIN, ETAL 1320 S. DIXIE HWY, PENTHOUSE 1275 MIAMI, FL 33146	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U0000000599713 01/23/07 00000006 50.00
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TRAUM, SYDNEY S. 55 SOUTH PROSPECT DR CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRAUM, JUDITH R. 55 SOUTH PROSPECT DR. CORAL GABLES, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000599713  
01/25/07-80038-020 150.00

**DO NOT WRITE  
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:** Sydney S. Traum Sydney S. Traum, Pres 1/17/07 305-661-6664 EXT 241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #