


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90046 016 ***150.00

DOCUMENT # M13685 1. Entity Name SYDNEY S. TRAUM, P.A.					
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		
2. Principal Place of Business - No P.O. Box # 555 NE 15 Street		3. Mailing Address Suite, Apt. #, etc. Suite 104 City & State Miami, FL Zip 33132 Country USA			
4. FEI Number 59-2513193		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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			7. Name and Address of New Registered Agent Name C/O LEVEY, FILLER, ET AL Street Address (P.O. Box Number is Not Acceptable) 555 NE 15 Street - Suite 104 City Miami FL Zip Code 33132		
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 <u><i>Sydney S. Traum</i></u> <u><i>Sydney S. Traum</i></u> <u><i>1/21/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	DPT TRAUM, SYDNEY S. 55 SOUTH PROSPECT DR CORAL GABLES, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TRAUM, JUDITH R. 55 SOUTH PROSPECT DR. CORAL GABLES, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Sydney S. Traum</i></u> <u><i>Sydney S. Traum</i></u> <u><i>1/21/08</i></u> <u><i>305-371-5250</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01042008 Chg-P CR2E034 (12/06)