


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M22885</b> 1. Entity Name WEINSTEIN & SCHARF, P.A.	
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Principal Place of Business C/O ROBERT D. SCHARF 1999 UNIVERSITY DR., #402 CORAL SPRINGS, FL 33071	Mailing Address C/O ROBERT D. SCHARF 1999 UNIVERSITY DR., #402 CORAL SPRINGS, FL 33071
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**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2597747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHARF, ROBERT D.  
1999 UNIVERSITY DRIVE, STE 402  
CORAL SPRINGS, FL 33071

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	U000000835439 02/29/08-80031-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHARF, ROBERT D. 1999 UNIVERSITY DR #402 CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, LAWRENCE 1999 UNIVERSITY DR #402 CORAL SPRINGS, FL
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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: Robert Scharf 2/22/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone