2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # M44892

1. Entity Name
EDWARD E. LEVINSON P.A.

Principal Place of Business
C/O EDWARD E. LEVINSON
407 LINCOLN RD, PH SE
MIAMI BCH., FL 33139

Mailing Address
C/O EDWARD E. LEVINSON
407 LINCOLN RD, PH SE
MIAMI BCH., FL 33139

01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2779606
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINSON, EDWARD E.
407 LINCOLN RD, PH SE
MIAMI BCH., FL 33139

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

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

G00000831595
02/27/08-90025-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEVINSON, EDWARD E.
STREET ADDRESS	407 LINCOLN RD, PH SE
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	DVP
NAME	LEVINSON, NEIL H
STREET ADDRESS	407 LINCOLN RD. PH SE
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Edward E. Levinson, President | EDWARD E. LEVINSON, PRESIDENT | 2/15/08 | (305) 534-6171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #