2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M50455

1. Entity Name
MALCOLM H. KAHL, P.A.

Principal Place of Business	Mailing Address
C/O MALCOLM H. KAHL 2929 E. COMMERCIAL BLVD., SUITE 507 FT. LAUDERDALE, FL 33308	C/O MALCOLM H. KAHL 2929 E. COMMERCIAL BLVD., SUITE 507 FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

01032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2318177	Not Applicable

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

6. Name and Address of Current Registered Agent

KAHL, MALCOLM H.
2929 E. COMMERCIAL BLVD.
SUITE 507
FT. LAUDERDALE, FL 33308

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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 _____

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 _____ **$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAHL, MALCOLM H.
STREET ADDRESS	9895 SAVONA WINDS DR
CITY-ST-ZIP	DELRAY BEACH, FL 33446
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/08-80008-014 150.00

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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: _Malcolm H Kahl_   Malcolm H. Kahl   1/3/08   954 771-9501

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