


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90043 049 \*\*\*150.00

<b>DOCUMENT # P00000004928</b>						
<b>1. Entity Name</b> <b>HERNAN J. GLEIZER, P.A.</b>						
<b>Principal Place of Business</b> 18206 COLLINS AVENUE NORTH MIAMI BEACH, FL 33160 US			<b>Mailing Address</b> 18206 COLLINS AVENUE NORTH MIAMI BEACH, FL 33160 US			
<b>2. Principal Place of Business - No P.O. Box #</b> 9577 HARDING AVE		<b>3. Mailing Address</b> 9577 HARDING AVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> SURFSIDE FL		<b>City &amp; State</b> SURFSIDE FL				
<b>Zip</b> 33154		<b>Country</b>		<b>Zip</b> 33154		
<b>Country</b>		<b>Country</b>				
<b>6. Name and Address of Current Registered Agent</b>  GLEIZER, HERNAN J 18206 COLLINS AVE SUNNY ISLES BEACH, FL 33160			<b>7. Name and Address of New Registered Agent</b> Name <u>GLEIZER HERNAN J</u> Street Address (P.O. Box Number is Not Acceptable) <u>9577 HARDING AVE</u> City <u>SURFSIDE</u> <b>FL</b> Zip Code <u>33154</u>			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLEIZER, HERNAN J 18206 COLLINS AVE SUNNY ISLES BEACH, FL 33160		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLEIZER HERNAN J 9577 HARDING AVE SURFSIDE FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> _____				Feb 15.07 305.865-0977		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		