


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90062 022 ***150.00

DOCUMENT # P00000004928 1. Entity Name HERNAN J. GLEIZER, P.A.					
Principal Place of Business 9577 HARDING AVE SURFSIDE, FL 33154 US			Mailing Address 9577 HARDING AVE SURFSIDE, FL 33154 US		
2. Principal Place of Business - No P.O. Box # 18246 Collins Ave.		3. Mailing Address 18246 Collins Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunny Isles, FL		City & State Sunny Isles, FL		4. FEI Number 65-0978560	
Zip 33160		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLEIZER, HERNAN J 9577 HARDING AVE SURFSIDE, FL 33154		7. Name and Address of New Registered Agent Name Gleizer, Hernan J Street Address (P.O. Box Number is Not Acceptable) 18246 Collins Ave. City Sunny Isles FL Zip Code 33160			
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 _____					
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	PD GLEIZER, HERNAN J <input type="checkbox"/> Delete 9577 HARDING AVE SURFSIDE, FL 33154		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Gleizer, Hernan J <input type="checkbox"/> Change <input type="checkbox"/> Addition 18246 Collins Ave. Sunny Isles, FL 33160	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 not empowered					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					