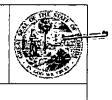
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DONNA B. WEXLER, S.L.P., P.A.

DOCUMENT # P00000053938



FILED Mar 24, 2008 08:00 A Secretary of State

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Principal Plac	ce of Business	Mailing Address			
10625 N. MILITARY TRAIL, SUITE 207 10625 N. MILITARY TF PALM BCH GARDENS FL 33410 PALM BCH GARDENS					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc		1st MOORE CR2E034 (10/07)	
City & State		City & State		4. FEI Number 65-1020944 Applied For Not Applied ber	
Zip	Country	Z:p	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
			Name		
WEXLER, DONNA B 10625 N. MILITARY TRAIL, SUITE 207 PALM BCH GARDENS FL 33410			Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
A T:					
	a named antity submits this statement tions of registered agent.	for the purpose of changing if	ts registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed liability of resistance and	enta el Medisopicació. (NO	TE Registered Agent signature requ	erza when repretating) DATT	
After :	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550. k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Centribution. Added to Fees	
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Derete	TITLE	☐ Change ☐ Addition	
NAME	WEXLER, DONNA B		NAME	— . — Наподарствае	
STREET ADDRESS	10625 N. MILITARY TRAIL, SUIT	E 207	STREET ADORESS	U00000867505 04/08/08-80074-002 150.00	
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NAME STREET ADDRESS			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
			EITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplierrental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer 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 anatomient with an address, with all other like empowered.

/SIGNATURE: .