2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000058387

1. Entity Name WAGENHEIM & WAGNER, P.A.



FILED Jan 14, 2008 08:00 AN Secretary of State

Principal Place of Business

2101 N. ANDREWS AVE., STE. 400 FT. LAUDERDALE, FL 33311

Mailing Address

2101 N. ANDREWS AVE. #400

FT. LAUDERDALE, FL 33311



DO NOT WRITE IN THIS SPACE

 01102008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGENHEIM, RICHARD 2101 N. ANDREWS AVE., STE. 400 FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or i	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signal				e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGENHEIM, RICHARD 2101 N. ANDREWS AVE., STE. 400 FT. LAUDERDALE, FL 33311			,	U00000782545 01/15/08-80079-005 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D WAGNER, BARBARA 2101 N. ANDREWS AVE., STE. 400 FT. LAUDERDALE, FL 33311				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS			,	•	

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

10-08

954-564 4800