2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90077 016 ***150.00

DOCUMENT # P00000065511

1. Entity Name
ADAM S. GOLDSTEIN, P.A.

Principal Place of Business
3909 ~~700~~ CENTRAL AVE.
~~SUITE 402~~
SAINT PETERSBURG FL ~~33701~~ 33713

Mailing Address
3909 Central ~~700~~ CENTRAL AVE.
~~SUITE 402~~
SAINT PETERSBURG FL ~~33701~~ 33713

2. Principal Place of Business - No P.O. Box #
3909 Central Avenue

Suite, Apt. #, etc.

City & State
St. Petersburg, Fl.

Zip 33713 Country USA

3. Mailing Address
same

Suite, Apt. #, etc.
"

City & State "

Zip " Country "

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3679214 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDSTEIN, ADAM S
3909 ~~700~~ CENTRAL AVENUE
~~SUITE 402~~
SAINT PETERSBURG FL ~~33701~~ 33713

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ 4/26/07
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPVT	☐ Delete
NAME	GOLDSTEIN, ADAM S	
STREET ADDRESS	700 CENTRAL AVE., SUITE 402	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	☐ Delete
NAME	GOLDSTEIN, ADAM S	
STREET ADDRESS	700 CENTRAL AVE., SUITE 402	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVT	☑ Change ☐ Addition
NAME	Goldstein, Adam S.	
STREET ADDRESS	3909 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	D	☑ Change ☐ Addition
NAME	Goldstein, Adam S.	
STREET ADDRESS	3909 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: _____ Adam S. Goldstein 4/26/07 (727)820-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #