
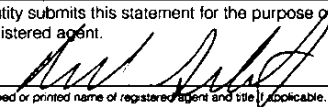
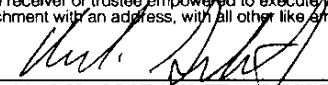


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90054 009 ***150.00

DOCUMENT # P01000001732 1. Entity Name RICHARD A. SCHWARTZ, P.A.																											
Principal Place of Business 8623 BELLA VISTA DR. BOCA RATON, FL 33433		Mailing Address 8623 BELLA VISTA DR. BOCA RATON, FL 33433																									
2. Principal Place of Business - No P.O. Box # 8913 BELLE AIRE CT Suite, Apt. #, etc.		3. Mailing Address 8913 BELLE AIRE CT Suite, Apt. #, etc.																									
City & State Boca Raton FL Zip 33433		City & State Boca Raton FL Zip 33433																									
4. FEI Number 65-1067564		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SCHWARTZ, RICHARD A 8623 BELLA VISTA DR. BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Richard Schwartz Street Address (P.O. Box Number is Not Acceptable) 8913 BELLE AIRE CT City Boca Raton FL Zip Code 33433																									
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  DATE 3/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHWARTZ, RICHARD A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8623 BELLA VISTA DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON, FL 33433</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	SCHWARTZ, RICHARD A		STREET ADDRESS	8623 BELLA VISTA DR		CITY - ST - ZIP	BOCA RATON, FL 33433		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">8913 BELLE AIRE CT</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Boca Raton FL 33433</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	8913 BELLE AIRE CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Boca Raton FL 33433		STREET ADDRESS			CITY - ST - ZIP		
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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:  PSTD		Date 3/1/07 Daytime Phone # 561-213-5634																									