2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000013188

1. Entity Name

RICHARD N. KRINZMAN, P.A.



Feb 26, 2007 08:00 Al Secretary of State

FILED

Principal Place of Business

1111 BRICKELL AVE SUITE 2915 MIAMI, FL 33131 Mailing Address

1111 BRICKELL AVE SUITE 2915 MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2022110

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRINZMAN, RICHARD N 1111 BRICKELL AVE SUITE 2915 MIAMI, FL 33131

SIGNATURE

DO NOT WRITE IN THIS SPACE

					· · · · · · · · · · · · · · · · · · ·
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Syndium, typed or printed rains or registered agent and the hispaneous will be a syndium or syndia and a syndium or syndia.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			~ —	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	DP KRINZMAN, RICHARD 1111 BRICKELL AVE, SUITE 2915 MIAMI, FL 33131				HOSSOCIETOS
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000648732 03/07/07-80021-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP					
TITLE , NAME STREET ADDRESS CITY-ST-ZIP			,	eur ve	
12. I hereby certify that the information supplied with this filling floes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the repower of 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 or an attachment with an address, with all other like empowered.					