


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P01000029743 1. Entity Name MOSCOWITZ MOSCOWITZ & MAGOLNICK, P.A.	
------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1111 BRICKELL AVENUE, STE. 2050 MIAMI, FL 33131	Mailing Address 1111 BRICKELL AVENUE SUITE 2050 MIAMI, FL 33131
-------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1093960	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 MAGOLNICK, JOEL S 1111 BRICKELL AVENUE, STE. 2050 MIAMI, FL 33131

**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 _____ DATE _____ <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	U00000749895 05/18/07-80040-018 150.00
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MAGOLNICK, JOEL S 1111 BRICKELL AVENUE, SUITE 2050 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSCOWITZ, NORMAN A 1111 BRICKELL AVENUE, SUITE 2050 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <i>Norman A. Moscowitz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4/5/07</i> <i>305/379-8300</i> <small>Date Daytime Phone #</small>