

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90404 029 \*\*\*150.00

**DOCUMENT # P01000032121**

1. Entity Name  
STUART M. SILVERMAN, P.A.



Principal Place of Business  
2500 MILITARY TR  
STE 490  
BOCA RATON, FL 33431

Mailing Address  
P O BOX 812315  
BOCA RATON, FL 33481-2315

2. Principal Place of Business - No P.O. Box #  
2500 N. MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 283

Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

City & State

Zip  
33431

Country

Zip

Country

04272007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-1091501

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERMAN, STUART M  
2500 N MILITARY TR  
STE 490  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
2500 N. MILITARY TRAIL SUITE 283

City  
BOCA RATON FL Zip Code  
33431

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] DATE 4-27-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SILVERMAN, STUART M P O BOX 812315 BOCA RATON, FL 334812315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] Date 4/27/07 Daytime Phone # 561-289-9319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR