


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90038 001 ***150.00

DOCUMENT # P01000037594

1. Entity Name
CARL M. SUGARMAN, P.A.



Principal Place of Business Mailing Address

~~9700 SOUTH DIXIE HWY., STE. 550~~ ~~9700 SOUTH DIXIE HWY., STE. 550~~
 MIAMI, FL 33156 MIAMI, FL 33156

50002100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

17345 S DIXIE HWY **17345 S DIXIE HWY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03062008 Chg-P CR2E034 (12/06)

City & State City & State

VILLAGE OF PALMETTO BAY, FL **VILLAGE OF PALMETTO BAY, FL**

Zip Country Zip Country

33157 **USA** **33157** **USA**

4. FEI Number Applied For

65-1095824 Not Applicable

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

6. Name and Address of Current Registered Agent

SUGARMAN, CARL M
~~9700 SOUTH DIXIE HWY., STE. 550~~
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
17345 S. DIXIE HWY

City Zip Code

VILLAGE OF PALMETTO BAY, FL **33157**

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: **CARL M SUGARMAN** *[Signature]* **3/6/08**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SUGARMAN, CARL M	
STREET ADDRESS	9700 SOUTH DIXIE HWY., STE. 550	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17345 S DIXIE HWY	
CITY-ST-ZIP	VILLAGE OF PALMETTO BAY, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Please Note
 Change of
 Address*

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 recipient of a trust 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 to an address with all other titles empowered.

SIGNATURE: **CARL M SUGARMAN, PRES** **3/6/08** **305 253 6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #