2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000042503

SANFORD WEINSTEIN, INC.



Principal Place of Business

2130 NE 211TH STREET

NORTH MIAMI BEACH, FL 33179

Mailing Address

2130 NE 211TH STREET NORTH MIAMI BEACH, FL 33179

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

37 SEP 20 PM 2: 25



DO NOT WRITE IN THIS SPACE

08152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1112828

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, SANFORD **2130 NE 211TH STREET** NORTH MIAMI BEACH, FL 33179

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					
Signature, typed or printed marrie or registrated agent and use in apparative. (Into it.e., registrated regime or real near real real statum)					
1 122 13011 1 22 13 \$130.00		 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WEINSTEIN, SANFORD 2130 N.E. 211TH STREET NORTH MIAMI BEACH, FL 33179		400100710004		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEINSTEIN, JAMES M 2130 N.E. 211TH STREET NORTH MIAMI BEACH, FL 33179		400109716264 09/20/0701058014 **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 ADDRESS. CITY-ST-ZIP	B 9/24/5				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				114	
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 foot 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 truties 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.					