
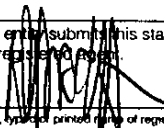



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90015 026 ***150.00

DOCUMENT # P01000064895 1. Entity Name DOUGLAS K. BISCHOFF, P.A.					
Principal Place of Business 350 EAST LAS OLAS BLVD SUITE 1250 FORT LAUDERDALE, FL 33301			Mailing Address 9879 NE 13TH AVENUE MIAMI SHORES, FL 33138		
2. Principal Place of Business - No P.O. Box # 9879 N.E. 13TH AVE.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI SHORES FL		City & State			
Zip 33138		Country USA		Zip Country	
4. FEI Number 65-1121550				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 BISCHOFF, DOUGLAS K 350 EAST LAS OLAS BLVD SUITE 1250 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name BISCHOFF DOUGLAS K. Street Address (P.O. Box Number is Not Acceptable) 9879 N.E. 13TH AVENUE City MIAMI SHORES FL Zip Code 33138		
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  DOUGLAS K. BISCHOFF, PRESIDENT 2-25-07 <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 <input type="checkbox"/> \$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	PD BISCHOFF, DOUGLAS K 350 EAST LAS OLAS BLVD SUITE 1250 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9879 N.E. 13TH AVENUE MIAMI SHORES, FL 33138	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: 			2-25-07 954-290-4673		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		