2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 08:00 AN Secretary of State

Daytime Phone #

ANNUAL REPORT				Jan 28, 2008 08:0			
	MENT # P010000				Secreta	ary of St	
1. Entity Nam THE LAW		AN ZANE KANTOR, P.A.					
·	e of Business II, SECOND FLOOR 3130	Mailing Address 640 S. MIAMI, SECOND FLOOR MIAMI, FL 33130					
·····			 				
			01252008 No Chg-P CR2E034 (11/05)				
	O NOT WRIT	CE	4. FEI Numb	er		Applied For	
				65-112 5. Certificate	28926 of Status Desired		Not Applicable 75 Additional Required
	6. Name and Address of Cur	rent Registered Agent				ree r	kedured
KANTOR, 640 S. MIA	JONATHAN Z		DO	NOT W	RITE		
. 2ND FLOC MIAMI, FL	OR .		IN .	THIS SP	ACE		
,					₩ **	•	-
	named entity submits this stateme tions of registered agent.	ent for the purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. I am familia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable (NOTE: Registers	ed Agent signature required	when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$5		.00 May Be ed to Fees				
10.	OFFICERS	AND DIRECTORS			1		
TITLE NAME STREET ADDRESS CITY: ST- ZIP	D KANTOR, JONATHAN Z 640 S. MIAMI AVE. MIAMI, FL 33130						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		000000 02/05/08-	1803408 -80023-02	3 150.00
TITLE		·					
STREET ADDRESS CITY-ST-ZIP			i	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	IN '	THIS SP	ACE	
TITLE NAME STREET ADDRESS							
CITY-ST-ZIP TITLE		, .	1				
STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the cor	Lecrify that the information supplied to the total report or supplemental reportation or the receiver of trustee , or on an attachment with an addr.	with this filing does not graffly for the ex- cort is true and accorate and that my signal empowered to execute this report as requi ess, with all other like empowered.	emptions contained ture shall be the ted by Chapter 607	Lie Chapter 11 same legal effe , Florida Statut	9, Florida Statutes. I ct as il made undar o es; and that my name	further certify that ath; that I am an a appears in Bloo	at the information officer or director ok 10 or Block 11 if

Joseph Kack

BIONATURE AND TYPED OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: