2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P01000072551

Entity Name
 JEFFREY S. HERSH, P.A.

Principal Place of Business

301 WEST 41 STREET, SUITE 400 MIAMI BEACH, FL 33140

Mailing Address

301 WEST 41 STREET, SUITE 400 MIAMI BEACH, FL 33140

FILED Apr 21, 2008 08:00 AM Secretary of State



04222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1125489 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSH, JEFFREY S 301 WEST 41 STREET, SUITE 400 MIAMI BEACH, FL 33140

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	named entity submits this statement for the plices of registered agent.	ourpose of changing its registers	ed office or r	egistered agent, or bo	th, in the State of Florida. I am fam	illar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and bills	if applicable (NOTE: Registeres	1 Agent signature	a required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		U00000912384 05/07/08-80078-014 150.00		
10.	OFFICERS AND DIREC	CTORS				1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSH, JEFFERY 301 WEST 41 STREET, SUITE 400 MIAMI BEACH, FL 33140			,		
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NAME STREET ADDRESS CITY-ST-ZIP	·			IN T	THIS SPACE	
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TITLE NAME STREET ADDRESS *CITY-ST-ZIP				. 3		, , ,
12. I hereby	certify that the information supplied with this fi	ling does not qualify for the exe	mptions co	ntained 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 AND TYPED OR PRINT

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Hosh Mesident

4-21-08

305-539-2230

Daytime Phone #