


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000092181	
1. Entity Name FORREST SYGMAN, P.A.	


Principal Place of Business 8603 S. DIXIE HWY., #303 MIAMI, FL 33143	Mailing Address 8603 S. DIXIE HWY., #303 MIAMI, FL 33143
--	--

DO NOT WRITE IN THIS SPACE

FILED

2008 JAN 17 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042008 No Chg-P CR2E034 (11/05) 08

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SYGMAN, FORREST
8603 S. DIXIE HWY.
SUITE 303
MIAMI, FL 33143

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

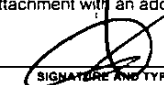
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SYGMAN, FORREST 8603 S. DIXIE HWY MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

100116368331
01/29/08--01039--014 **288.75

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 all other like empowered.

SIGNATURE:  1/11/08 305-661-8955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR