2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 24, 2008 08:00 A Secretary of State DOCUMENT # P01000105322 1. Entity Name DREW EPSTEIN, P.A. Principal Place of Business Mailing Address 83 NE 167 ST 83 NE 167 ST N MIAMI BEACH, FL 33162 N MIAMI BEACH, FL 33162 No Chg-P CR2E034 (11/05) 03192008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1153947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EPSTEIN, DREW DO NOT WRITE 83 NE 167 ST N MIAMI BEACH, FL 33162 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 Fforida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000888248 9. Election Campaign Financing \$5.00 May Be 04/09/08-80001-014 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 1111.8 NAME EPSTEIN, DREW STREET ADDRESS 83 NE 167 ST N MIAMI BEACH, FL 33162 CHY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP . TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP THILE

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 charged or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CHY-ST-ZIP

Daytime Phone #

FILED