

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90023 046 ***158.75



DOCUMENT # P02000008178
 1. Entity Name
HOWARD J. HOLLANDER PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address
TWO S BISCAYNE BLVD **TWO S BISCAYNE BLVD**
SUITE 1801 **SUITE 1801**
MIAMI, FL 33131 **MIAMI, FL 33131**

40020429



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1177 KANE CONCOURSE **1177 KANE CONCOURSE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 231 **SUITE 231**

02052008 Chg-P CR2E034 (12/06)

City & State City & State
BAY HARBOR ISLANDS, FL **BAY HARBOR ISLANDS, FL**
 Zip Country Zip Country
33154 MIAMI DADE **33154 MIAMI DADE**

4. FEI Number Applied For
95-4893185 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLLANDER, HOWARD J ESQ.
TWO S BISCAYNE BLVD
SUITE 1801
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **Howard J. Hollander**
 Street Address (P.O. Box Number is Not Acceptable)
1177 KANE CONCOURSE
SUITE 231
 City **BAY HARBOR ISLANDS** FL Zip Code **33154**

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 Howard J. Hollander **Howard J. Hollander - Resident** DATE **2/5/08**
Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	HOLLANDER, HOWARD J
STREET ADDRESS	TWO S BISCAYNE BLVD, SUITE 1801
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1177 KANE CONCOURSE - STE 231
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Howard J. Hollander **Howard J. Hollander - Resident** DATE **2/5/08** DAYTIME PHONE # **305-848-5912**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #