

FILED
Jun 05, 2007 8:00 am
Secretary of State

05-08-2007 90013 048 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000019670

1. Entity Name
JEFFREY BLAU, P.A.



Principal Place of Business Mailing Address

213 E. DAVIS BLVD. 213 E. DAVIS BLVD.
 TAMPA, FL 33606 TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

66017980



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2494429 Not Applicable

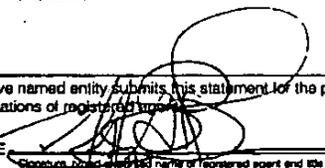
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLAU, JEFFREY ESQ.
 213 E. DAVIS BLVD
 TAMPA, FL 33606**

**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:  DATE: **3/4/07**

Signature of the registered agent or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BLAU, JEFFREY 213 E. DAVIS BLVD TAMPA, FL 33606
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**DO NOT WRITE
 IN THIS SPACE**

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:  Date: **5/20/07** Daytime Phone #: **813 2546500**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #