


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90186 024 \*\*\*150.00

<b>DOCUMENT # P02000027551</b>	
1. Entity Name JOEL R. CAMHI, C.P.A., P.A.	

Principal Place of Business 1448 N.W. 111 AVE. CORAL SPRINGS, FL 33071	Mailing Address 1448 N.W. 111 AVE. CORAL SPRINGS, FL 33071
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2. Principal Place of Business - No P.O. Box # 4700 MILLENIA BLVD. Suite, Apt. #, etc. #175	3. Mailing Address 4700 MILLENIA BLVD. Suite, Apt. #, etc. #175
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City & State ORLANDO FL	City & State ORLANDO FL
Zip 32839	Zip 32839
Country USA	Country USA

40002280



01112007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0630429	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMHI, JOEL R 1448 N.W. 111 AVE. CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name CAMHI, JOEL R. Street Address (P.O. Box Number is Not Acceptable) 4700 MILLENIA BLVD #175 City ORLANDO FL Zip Code 32839
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMHI, JOEL R 1448 NW 11 AVE POMPAHO BEACH, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMHI, JOEL R. 4700 MILLENIA BLVD #175 ORLANDO, FL 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joel R. Camhi 1/16/07 407803 3541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #