2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000043773

1. Entity Name

VERNIS & BOWLING OF BROWARD, P.A.

Principal Place of Business

Mailing Address

1901 S ANDREWS AVENUE FORT LAUDERDALE, FL 33316 884 U.S. HIGHWAY #1 N. PALM BEACH, FL 33408

FILED Apr 25, 2008 08:00 AN Secretary of State



01122008

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0669552

4-23-08

Date

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

561-775-9822

Daytime Phone #

6. Name and Address of Current Registered Agent

VERNIS, G. JEFFREY 884 U.S. HIGHWAY #1 N. PALM BEACH, FL 33408

SIGNATURE: _

SIGNATURE AND POPED OR PR

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	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 1. 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		\$5.00 May Be	05/16/08-80021-005:150.00
10.	OFFICERS AND DIREC	TORS			
-TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWLING, ROBERT W 1680 NE 135TH STREET NORTH MIAMI, FL 33408				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VERNIS, G. JEFFREY 884 U.S. HIGHWAY ONE N. PALM BEACH, FL 33408				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			٠.		······································
12. Thereby certify that the information supplied with this filling 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 ampowered 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 bither like empreciated.					

NAME OF SIGNING OFFICER OR DIRECTOR