


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000064645</b>	
1. Entity Name <b>THE ACCOUNTING OFFICES OF LEVINE &amp; ASSOCIATES, P.A.</b>	

Principal Place of Business <b>1001 BRICKELL BAY DRIVE SUITE 2002 MIAMI, FL 33131 US</b>	Mailing Address <b>1001 BRICKELL BAY DRIVE SUITE 2002 MIAMI, FL 33131 US</b>
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04092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1158879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LEVINE, ALAN 1001 BRICKELL BAY DRIVE SUITE 2002 MIAMI, FL 33131</b>
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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 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000304510-14-00
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10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<b>LEVINE, ALAN</b>
NAME	
STREET ADDRESS	<b>1001 BRICKELL BAY DRIVE, STE. 2002</b>
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE <b>T</b>	<b>LEVINE, ALAN</b>
NAME	
STREET ADDRESS	<b>1001 BRICKELL BAY DRIVE, STE. 2002</b>
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b> 	<b>4/10/08 305-350-5699</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #