


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 08:00 AM
Secretary of State


DOCUMENT # P02000100132

1. Entity Name
 JOEL M. KUPFERMAN, P.A.



Principal Place of Business 4310 SHERIDAN ST, STE 202 HOLLYWOOD, FL 33021	Mailing Address 4310 SHERIDAN ST, STE 202 HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE



07242008 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0116997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUPFERMAN, JOEL M
 4310 SHERIDAN ST, STE 202
 HOLLYWOOD, FL 33021

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: 08/06/08

U00000957243
 08/06/08-80005-019 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KUPFERMAN, JOEL M 9601 COLLINS AVE, #1610 BAL HARBOUR, FL 33154
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 7/28/08 DAYTIME PHONE: 254-961-1040

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