

Apr. 24. 2008 1:56PM

No. 3906 P. 2

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # P02000126429 1. Entity Name RICHARD D. SAKHAROFF, P.A.	
---	---

Principal Place of Business 12515 N. KENDALL DRIVE #314 MIAMI, FL 33186	Mailing Address 12515 N. KENDALL DRIVE #314 MIAMI, FL 33186
---	---



01042008 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEE Number 65-0525788	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALLER, KENNETH M 12515 N. KENDALL DRIVE #314 MIAMI, FL 33186

**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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

**FILE NOW!! FEB 16 \$180.00
After May 1, 2008 Fee will be \$880.00**

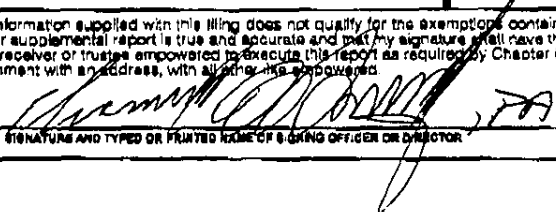
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAKHAROFF, RICHARD D 12515 N. KENDALL DRIVE #314 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000939387
05/28/08-80025-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 110, 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 individuals empowered.

SIGNATURE:  **PA** 4-30-08 561-445-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #