

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90073 031 ***150.00

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1. Entity Name
BRUCE WARSHAL MEDIATION, INC.



400004100

Principal Place of Business
1155 HILLSBORO MILE
#403
HILLSBORO BEACH, FL 33062

Mailing Address
1155 HILLSBORO MILE
#403
HILLSBORO BEACH, FL 33062

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-P

CR2E034 (12/06)

4. FEI Number
51-0479629

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERSTEIN, IRA S ESQ.
~~6209 WEST COMMERCIAL BLVD.~~ 3334 N.W. 85th Ave
~~SUITE 2A~~
~~FORT LAUDERDALE, FL 33340~~ Coral Springs, FL.
33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$250.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WARSHAL, BRUCE S
STREET ADDRESS 1155 HILLSBORO MILE, APT 403
CITY-ST-ZIP HILLSBORO BEACH, FL 33062

TITLE
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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.

SIGNATURE:

BRUCE WARSHAL

1/8/08 954-571-5107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #