



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90022 032 \*\*\*150.00

<b>DOCUMENT # P02000134647</b>						
<b>1. Entity Name</b> CYNTHIA I. WAISMAN, P.A.						
<b>Principal Place of Business</b> 2474 SUNSET PT. RD CLEARWATER, FL 33765			<b>Mailing Address</b> 2474 SUNSET PT. RD CLEARWATER, FL 33765			
<b>2. Principal Place of Business - No P.O. Box #</b> 2536 Countryside Blvd. Suite, Apt. #, etc. 105		<b>3. Mailing Address</b> 2536 Countryside Blvd. Suite, Apt. #, etc. #105				
<b>City &amp; State</b> Clearwater, FL		<b>City &amp; State</b> Clearwater FL		<b>4. FEI Number</b> 27-0052559		
<b>Zip</b> 33763		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> WAISMAN, CYNTHIA I ESQ. 2474 SUNSET PT RD. CLEARWATER, FL 33765			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>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.</b> SIGNATURE: <u>Cynthia I. Waisman</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PVTS	<b>NAME</b> WAISMAN, CYNTHIA I		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PVTS	<b>NAME</b> Waisman, Cynthia I.	
<b>STREET ADDRESS</b> 2474 SUNSET PT RD	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33765		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 2536 Countryside Blvd #105	<b>CITY-ST-ZIP</b> Clearwater, FL 33763	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>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>						
<b>SIGNATURE:</b> <u>Cynthia I. Waisman</u>			3/28/08 727-210-1722			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			