## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

## DOCUMENT # P03000015175

1. Entity Name JONATHAN R. RUBIN, P.A.



FILED Mar 12, 2007 08:00 A Secretary of State

Principal Place of Business

 $\mathbf{D}$ 

9360 SUNSET DRIVE SUITE 220

MIAMI, FL 33173

Mailing Address

9360 SUNSET DRIVE SUITE 220 MIAMI, FL 33173



O NOT WRITE IN THIS SPACE	4. FEI Number 16-1654583		Applied For Not Applicable
	5. Certificate of Status Desired		\$8.75 Additional Fee Required

WILLIG, DAVID S
2837 SW 3 AVE
MIAMI, FL 33129

DO NOT WRITE
IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.</li></ol>	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere	d Agent signature required when reinstating) DATE

FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	oing	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUBIN, JONATHAN R PRES. 9360 SUNSET DRIVE, SUITE 220 MIAMI, FL 33173	TORS .				
TITLE NAME STHEET ADDRESS CITY-ST-ZIP					000000663225 03/21/07-80044-02	0 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP.				DO	NOT WRITE	× . 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ <b>IN</b> '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP	Application of the second	Julian in Greeker (a. 1907) Julian in Greeker (a. 1907)	an deal of speech to			

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:	

SIGNATURE AND THE CORP PRINTED NAME OF MONING OFFICER OF DIRECTOR

2(7/07 (26) 70/7)