


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000022322 1. Entity Name GLICK LAW FIRM, P.A.	
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Principal Place of Business 2255 GLADES RD STE 324A BOCA RATON, FL 33431	Mailing Address GLICK LAW FIRM 2255 GLADES RD, STE 324A BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



05142008 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0596355	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLICK, BRIAN J 3908 SOUTH OCEAN BLVD #M348 HIGHLAND BEACH, FL 33487

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GLICK, BRIAN GLICK LAW FIRM, 2255 GLADES RD, STE 324A BOCA RATON, FL 33431
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U00000952900
06/09/08-80001-013 550.00

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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 affidavit, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>6/9/08</u> <small>Date</small>	<u>6/9/08</u> <small>Telephone #</small>
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