

FILED  
Jan 16, 2008 08:00 A  
Secretary of State

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000029757  
1. Entity Name  
BLUMENTHAL, SCHWARTZ & SAXE, P.A.



Principal Place of Business  
2323 S WASHINGTON AV  
100  
TITUSVILLE, FL. 32780

Mailing Address  
PO BOX 1657  
TITUSVILLE, FL. 32781



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0685392 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
STADLER, RICHARD E  
1820 GARDEN STREET  
TITUSVILLE, FL. 32796

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending.)

**FILE NOW!!! FEE IS \$180.00  
After May 1, 2008 Fee will be \$850.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLUMENTHAL, GABRIEL
STREET ADDRESS	412 BREVARD AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	D
NAME	SCHWARTZ, JOHN M
STREET ADDRESS	412 BREVARD AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000785026  
01/16/08-20073-009-150.00

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 TYPED OR PRINTED NAME OF SIGNER

1-8-08 321-267-8613