

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000060191

1. Entity Name
**FISHMAN ASSOCIATES, CERTIFIED PUBLIC
ACCOUNTANTS, P.A.**



Principal Place of Business
1761 W HILLSBORO
408
DEERFIELD BEACH, FL 33442

Mailing Address
1761 W HILLSBORO
408
DEERFIELD BEACH, FL 33442



03032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1596500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FISHMAN, MANUEL S
11476 OHANU CIRCLE
BOYNTON BEACH, FL 33437

**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

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, 2007 Fee will be \$550.00**

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

U000000658615
03/15/07-80045-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISHMAN, MANUEL S
STREET ADDRESS	11476 OHANU CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VP
NAME	FISHMAN, NEIL H
STREET ADDRESS	8952 CHESTNUT RIDGE WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
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**

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:

Manuel S. Fishman VP Neil H. Fishman

MAR 5 2007

954 688 7111

Date

Daytime Phone #