

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
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



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1596500	Applied For Not Applicable
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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000847849
03/19/08-80036-001 150.00**

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR

3 2008

954.698.7117

Date

Daytime Phone #