

FILED
May 19, 2008 8:00 am
Secretary of State


05-19-2008 90032 005 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

40103804

DOCUMENT # P03000073707


1. Entity Name
MICHAEL J. ALMAN, P.A.



Principal Place of Business Mailing Address

~~3109 STIRLING ROAD~~ 3107 Stirling Road 17290 N.E. 19TH AVENUE
 208 FT LAUDERDALE, FL 33312 NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0576132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALMAN, MARTIN H
 17290 NE 19TH AVE.
 N. MIAMI BCH FL 33162

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS ALMAN, MICHAEL J 3109 STIRLING ROAD #107 3107 Stirling Road #208 FT LAUDERDALE, FL 33312
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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 or other like empowered.

SIGNATURE:  MICHAEL J. ALMAN 4/22/08
SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR Date Device Phone #