


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000076362
 1. Entity Name
THE LAW OFFICES OF DOV SUSSMAN, P.A.



Principal Place of Business Mailing Address
3507 SAN LUIS STREET **3507 SAN LUIS STREET**
TAMPA, FL 33629 **TAMPA, FL 33629**

DO NOT WRITE IN THIS SPACE



09102007 No Chg-P CR2E034 (11/05)

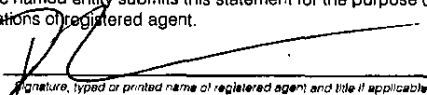
4. FEI Number Applied For
56-2376964 Not Applicable

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

6. Name and Address of Current Registered Agent
SUSSMAN, DOV
3507 SAN LUIS STREET
TAMPA, FL 33629

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 **9/10/2007**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	SUSSMAN, DOV
STREET ADDRESS	3507 SAN LUIS STREET
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 09/14/07-80003-016 150.00

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:  **9/10/2007** Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #