

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90184 014 \*\*\*150.00

<b>DOCUMENT # P03000133623</b>					
<b>1. Entity Name</b> JEFF STORM HARKAVY, P.A.					
<b>Principal Place of Business</b> 1000 CORPORATE DRIVE SUITE 200 FORT LAUDERDALE, FL 33334			<b>Mailing Address</b> 1000 CORPORATE DRIVE SUITE 200 FORT LAUDERDALE, FL 33334		
<b>2. Principal Place of Business - No P.O. Box #</b> 3000 N. University Drive		<b>3. Mailing Address</b> 3000 N. University Drive			
Suite, Apt. #, etc. Suite Q		Suite, Apt. #, etc. Suite Q			
City & State Coral Springs, FL		City & State Coral Springs, FL			
Zip 33065		Zip 33065		Country	
<b>4. FEI Number</b> 20-0418983					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> HARKAVY, JEFF S 1000 CORPORATE DRIVE SUITE 200 FORT LAUDERDALE, FL 33334			<b>7. Name and Address of New Registered Agent</b> Name: Harkavy, Jeff S Street Address (P.O. Box Number is Not Acceptable): 3000 University Dr Suite Q City: Coral Springs FL Zip Code: 33065		
<b>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.</b> SIGNATURE: Jeff Storm Harkavy <i>[Signature]</i> DATE: 3/27/07					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2007 Fee will be \$550.00		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES HARKAVY, JEFF S 1000 CORPORATE DRIVE, SUITE 200 FORT LAUDERDALE, FL 33334		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 University Drive, Suite Q Coral Springs, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <i>[Signature]</i> Jeff Storm Harkavy 3/27/07 (954) 449-4350					

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