

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90002 006 \*\*\*150.00

**DOCUMENT # P04000005645**

1. Entity Name  
**JEFFREY S. ROSENBERG & ASSOCIATES, P.A.**



Principal Place of Business  
 9700 STIRLING RD.  
 STE. 110  
 HOLLYWOOD, FL 33024

Mailing Address  
 9700 STIRLING RD.  
 STE. 110  
 HOLLYWOOD, FL 33024 US

**40022321**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-2817701 Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ROSENBERG, JEFFREY S  
 9700 STIRLING RD  
 #110  
 HOLLYWOOD, FL 33024

**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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROSENBERG, JEFFREY S
STREET ADDRESS	9700 STIRLING RD. #110
CITY-ST-ZIP	HOLLYWOOD, FL 33024
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	

**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

Date

Daytime Phone #