

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000014594

1. Entity Name
EDWARD D. POPKIN, P.A.



Principal Place of Business
THE PLAZA STE 801
5355 TOWN CENTER RD
BOCA RATON, FL 33486

Mailing Address
THE PLAZA STE 801
5355 TOWN CENTER RD
BOCA RATON, FL 33486

**FILED
Jan 25, 2007 08:00 AM
Secretary of State**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0607949	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POPKIN, EDWARD D
THE PLAZA STE 801
5355 TOWN CENTER RD
BOCA RATON, FL 33486

**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

UD00000602408
01/26/07-80089-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POPKIN, EDWARD D
STREET ADDRESS	5355 TOWN CENTER RD
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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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 an other empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward D. Popkin

1-23-07

561-394-8333

Date

Daytime Phone #