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Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90048 002 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000014594

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

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

40067999

01182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
301 Yamato Rd	301 Yamato Rd
Suite, Apt. #, etc.: Suite 4150	Suite, Apt. #, etc.: Suite 4150
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. FEI Number: 20-0607949 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POPKIN, EDWARD D THE PLAZA STE 801 5355 TOWN CENTER RD BOCA RATON, FL 33486	Name: Edward D. Popkin, PA Street Address (P.O. Box Number is Not Acceptable): 301 Yamato Rd Suite 4150 City: Boca Raton FL Zip Code: 33431

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] DATE: 4/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POPKIN, EDWARD D 5355 TOWN CENTER RD BOCA RATON, FL 33486 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 301 Yamato Rd, Suite 4150 Boca Raton, FL 33431
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: [signature] Edward D. Popkin 4-11-08 (561) 549-0788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #