
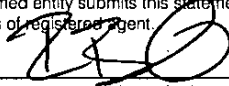
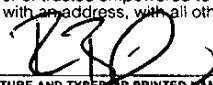


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90098 036 ***150.00

DOCUMENT # P04000025796 1. Entity Name RON S. BILU, P.A.			
Principal Place of Business 10 FAIRWAY DRIVE SUITE 304 DEERFIELD BEACH, FL 33441		Mailing Address 10 FAIRWAY DRIVE SUITE 304 DEERFIELD BEACH, FL 33441	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Mark I. Ingber CPA PA 10100 West Sample Road #206 Coral Springs FL 33065-3973 US	
Suite, Apt. #, etc. Suite #204		Suite, Apt. #, etc. Suite #206	
City & State Deerfield Beach FL		City & State Coral Springs FL	
Zip 33441	Country US	4. FEI Number 20-0749072	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BILU, RON S 10 FAIRWAY DRIVE SUITE 304 Suite 204 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME BILU, RON S	TITLE Change	NAME 10 Fairway Drive Suite 204
STREET ADDRESS 10 FAIRWAY DRIVE, SUITE 304	CITY-ST-ZIP DEERFIELD BEACH, FL 33441	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP	STREET ADDRESS 	CITY-ST-ZIP
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STREET ADDRESS 	CITY-ST-ZIP	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP	STREET ADDRESS 	CITY-ST-ZIP
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: 		Ron S. Bilu 4/27/07 954-510-0109	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	