

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90229 031 ***150.00

DOCUMENT # P04000025796 1. Entity Name RON S. BILU, P.A.			
Principal Place of Business 10 FAIRWAY DRIVE 204 DEERFIELD BEACH, FL 33441		Mailing Address C/O MARK I JINGBER CPA PA 10100 WEST SAMPLE RD. #326 POMPANO BEACH, FL 33065	
2. Principal Place of Business - No P.O. Box # 2700 West Atlantic Boulevard Suite, Apt. #, etc. #204-21 City & State Pompano Beach, FL Zip 33069		3. Mailing Address C/O Mark I. Ingber CPA PA Suite, Apt. #, etc. 10100 West Sample Road #319 City & State Coral Springs, FL Zip 33065	
Country US		Country US	
4. FEI Number 20-0749072		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BILU, RON S 10 FAIRWAY DRIVE SUITE 304 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name Ron S. Bilu Street Address (P.O. Box Number is Not Acceptable) 2700 West Atlantic Boulevard Suite #204-21 City Pompano Beach FL Zip Code 33069	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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 BILU, RON S 10 FAIRWAY DR. STE 205 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ron S. Bilu 2700 West Atlantic Boulevard #204-21 Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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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
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 Ron S. Bilu	
Date 1/11/08		Daytime Phone # 954-536-0669	