

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044366

FILED
Mar 19, 2007
Secretary of State

Entity Name: SARA SCHIFFMAN & T.J. MIEDZIANOWSKI, INC.

Current Principal Place of Business:

8408 SW 20TH STREET
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

2800 GLADES CIRCLE #100
WESTON, FL 33327

Current Mailing Address:

8408 SW 20TH STREET
NORTH LAUDERDALE, FL 33068

New Mailing Address:

591 HONEYSUCKLE LANE
WESTON, FL 33327

FEI Number: 71-0965934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHIFFMAN, SARA
8408 SW 20TH ST
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

SCHIFFMAN, SARA
591 HONEYSUCKLE LANE
WESTON, FL 33327 US

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.

SIGNATURE:

03/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHIFFMAN, SARA
Address: 8408 SW 20TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHIFFMAN, SARA
Address: 591 HONEYSUCKLE LANE
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA SCHIFFMAN

DP

03/19/2007

Electronic Signature of Signing Officer or Director

Date