

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90015 048 ***150.00

DOCUMENT # P04000070426

1. Entity Name
GARY A. KLEIN, P.A.



40069551



04112008 Chg-P CR2E034 (12/06)

Principal Place of Business
**2101 NW CORPORATE BLVD SUITE 216-
BOCA RATON, FL 33431**

Mailing Address
**2101 NW CORPORATE BLVD SUITE 216
BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #
801 Brickell Ave.

3. Mailing Address
3816 NW 5th Terr.

Suite, Apt. #, etc.
18th Floor

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Boca Raton FL

Zip
33131

Country
US

Zip
33431

Country
US

4. FEI Number
20-1076949

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, GARY A
**2101 NW CORPORATE BLVD SUITE 216-
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

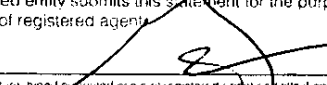
Name

Street Address (P.O. Box Number is Not Acceptable)

3816 NW 5th Terr.

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 

(NOTE: Registered Agent's signature required when registering.)

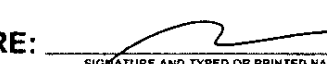
DATE **4/11/08**

**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	P KLEIN, GARY A 2101 NW CORPORATE BLVD SUITE 216- BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	3816 NW 5th Terr. Boca Raton, FL 33431	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		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

Date **4/11/08**

Daytime Phone #