

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098151

Entity Name: LESLIE POLSKY, P.A.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

19496 S. WHITEWATER AVE.
WESTON, FL 33332

New Principal Place of Business:

4365 LAUREL PLACE
WESTON, FL 33332

Current Mailing Address:

P.O. BOX 550113
DAVIE, FL 33325

New Mailing Address:

4365 LAUREL PLACE
WESTON, FL 33332

FEI Number: 34-2003522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

POLSKY, MARK
4365 LAUREL PLACE
WESTON, FL 33332 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: MARK POLSKY

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: POLSKY, LESLIE
Address: 19496 S. WHITEWATER AVE.
City-St-Zip: WESTON, FL 33332

Title: VP () Delete
Name: POLSKY, MARK
Address: 19496 S. WHITEWATER AVE.
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: POLSKY, LESLIE
Address: 4365 LAUREL PACE
City-St-Zip: WESTON, FL 33332

Title: VP (X) Change () Addition
Name: POLSKY, MARK
Address: 4365 LAUREL PLACE
City-St-Zip: WESTON, FL 33332

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE POLSKY

PSTD

05/01/2008

Electronic Signature of Signing Officer or Director

Date