

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90059 002 ***158.75

DOCUMENT # P04000102641					
1. Entity Name SONDRA AARONSON, P.A.					
Principal Place of Business 1040 BAYVIEW DR 320 FT LAUDERDALE, FL 33304-2532-US			Mailing Address 20281 E COUNTRY CLUB DRIVE 402 AVENTURA, FL 33180 US		
2. Principal Place of Business - No P.O. Box # <u>20281 E COUNTRY CLUB DR</u>			3. Mailing Address		
Suite, Apt. #, etc. <u># 402</u>			Suite, Apt. #, etc.		
City & State <u>AVENTURA</u>			City & State		
Zip <u>33180</u>		Country <u>USA</u>		4. FEI Number <u>61-1473704</u>	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent AARONSON, SONDR 20281 E COUNTRY CLUB DRIVE 402 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Sondra Aaronson</u> DATE <u>1/19/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 AARONSON, SONDR 20281 E COUNTRY CLUB DR.402 AVENTURA, FL 33180 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <u>Sondra Aaronson</u>			DATE <u>1/19/07</u> DAYTIME PHONE # <u>305-933-0101</u>		