

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90063 032 \*\*\*150.00

<b>DOCUMENT # P04000118852</b>					
<b>1. Entity Name</b> KAREN B. SCHAPIRA, P.A.					
<b>Principal Place of Business</b> 7420 NW 5TH STREET SUITE 110 PLANTATION, FL 33317			<b>Mailing Address</b> 7420 NW 5TH STREET SUITE 110 PLANTATION, FL 33317		
<b>2. Principal Place of Business - No P.O. Box #</b> 200 SE FIRST ST.		<b>3. Mailing Address</b> 200 SE FIRST Street			
Suite, Apt. #, etc. SUITE 705		Suite, Apt. #, etc. SUITE 705			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33131		Zip 33131			
Country USA		Country USA		05022007    Chg-P    CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> KAREN B. SCHAPIRA, ATTORNEY 7420 NW 5TH STREET SUITE 110 PLANTATION, FL 33317				<b>7. Name and Address of New Registered Agent</b>	
				Name KAREN B. SCHAPIRA, ATTY	
				Street Address (P.O. Box Number is Not Acceptable) 200 SE FIRST STREET	
				Suite 705	
				City MIAMI FL    Zip Code 33131	
<b>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.</b>					
SIGNATURE:				DATE: 5.2.07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
<b>FILE NOW!!! FEE IS \$150.00</b> Due by September 14, 2007		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P    SCHAPIRA, KAREN B <input type="checkbox"/> Delete 7420 NW 5TH STREET, SUITE 110 PLANTATION, FL 33317				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P    SCHAPIRA, KAREN B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 SE FIRST ST., Ste 705 MIAMI FL 33131				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
SIGNATURE:				DATE: 5.2.07    305.728.2270	
Signature and typed or printed name of signing officer or director					