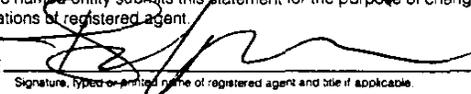
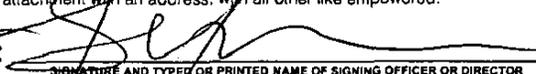


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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

05-07-2007 90063 032 ***150.00

DOCUMENT # P04000118852			
1. Entity Name KAREN B. SCHAPIRA, P.A.			
Principal Place of Business 7420 NW 5TH STREET SUITE 110 PLANTATION, FL 33317		Mailing Address 7420 NW 5TH STREET SUITE 110 PLANTATION, FL 33317	
2. Principal Place of Business - No P.O. Box # 200 SE FIRST ST. Suite, Apt. #, etc. SUITE 705		3. Mailing Address 200 SE FIRST Street Suite, Apt. #, etc. SUITE 705	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33131		Country USA	
4. FEI Number 20-1496478		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAREN B. SCHAPIRA, ATTORNEY 7420 NW 5TH STREET SUITE 110 PLANTATION, FL 33317		7. Name and Address of New Registered Agent 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	
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: 		DATE: 5.2.07	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAPIRA, KAREN B 7420 NW 5TH STREET, SUITE 110 PLANTATION, FL 33317 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		DATE: 5.2.07 305.728.2270	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40107010



05022007 Chg-P CR2E034 (12/06)