## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000132481

1. Entity Name

M.J. ORNSTEIN & ASSOCIATES INC.



Principal Place of Business

8130 CLEARY BLVD APT 1301 PLANTATION, FL 33324

Mailing Address

8130 CLEARY BLVD APT 1301 PLANTATION, FL 33324

## FILED Jan 11, 2007 8:00 am Secretary of State

01-11-2007 90053 011 \*\*\*163.75

40001010



01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 05-0609093

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ORNSTEIN, MORTON J 8130 CLEARY BLVD APT 1301 PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement	t 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>A</b> •				

SIGNATURE\_

MORTON J ORNSTEIN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature requ

1/3/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

AILEI MA	ay 1, 2007 Fee Will be \$550,00	ridst i drie Contribution.		
10.	OFFICERS AND DIRECTORS			
TITLE	PD			
NAME	ORNSTEIN, MARK J			
STREET ADDRESS	8130 CLEARY BLVD APT 1301			
CITY-ST-ZIP	PLANTATION, FL 33324			
TITLE	S			
NAME	ORNSTEIN, LIBBIE A			
STREET ADDRESS	8130 CLEARY BLVD APT 1301			
CITY-ST-ZIP	PLANTATION, FL 33324			
TITLE	Τ			
NAME	ORNSTEIN, MORTON J			
STREET ADDRESS	8130 CLEARY BLVD APT 1301			
CITY-ST-ZIP	PLANTATION, FL 33324			
TITLE				
NAME	-	-		
STREET ADDRESS				
CITY-ST-ZIP				
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CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

MA

Mark Omstein

1/3/0

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