


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000003664	
1. Entity Name MICHELE C. LIPSON, CPA, P.A.	

Principal Place of Business ONE S.E. THIRD AVENUE TENTH FLOOR MIAMI, FL 33131	Mailing Address ONE S.E. THIRD AVENUE TENTH FLOOR MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2029350	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIPSON, MICHELE ONE S.E. THIRD AVENUE TENTH FLOOR MIAMI, FL 33131

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8. The above named entity submits this document 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.	<i>Michele Lipson</i>	1-17-07
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! After May 1, 2008	IS \$150.00 will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSON, MICHELE C ONE S.E. THIRD AVENUE, TENTH FLOOR MIAMI, FL 33131
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U00000590997
01/19/07-80005-007 150.00

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 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 owner 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 amendment with a new address, with all other like empowered.
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SIGNATURE: <i>Michele Lipson</i>	<i>michele Lipson</i>	1-17-07	305-377-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #