
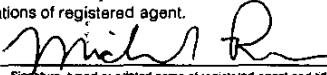
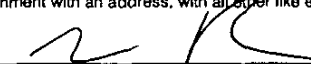


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90011 022 ***150.00

DOCUMENT # P05000045102 1. Entity Name MICHAEL REMIS, LMT, P.A.			
Principal Place of Business 300 VIA LUGANO CIRCLE 307 BOYNTON BEACH, FL 33436 US		Mailing Address 300 VIA LUGANO CIRCLE 307 BOYNTON BEACH, FL 33436 US	
2. Principal Place of Business - No P.O. Box # 2406 NW 6th Street Suite, Apt. #, etc. Boynton Beach Florida City & State 33426 Palm Beach Zip Country		3. Mailing Address 2406 NW 6th Street Suite, Apt. #, etc. Boynton Beach Florida City & State 33426 Zip Country	
4. FEI Number 20-2568047		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 REMIS, MICHAEL D 300 VIA LUGANO CIRCLE 307 BOYNTON, BEACH, FL 33436		7. Name and Address of New Registered Agent Name Michael Remis Street Address (P.O. Box Number is Not Acceptable) 2406 NW 6th Street Boynton Beach FL City FL Zip Code 33426	
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 3/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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, S REMIS, MICHAEL D 300 VIA LUGANO CIRCLE, #307 BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2406 NW 6th Street Boynton Beach FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D REMIS, MICHAEL D 300 VIA LUGANO CIRCLE, #307 BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2406 NW 6th Street Boynton Beach FL 33426
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 3/10/07 Daytime Phone # 661 702-0935	