


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000115186</b> 1. Entity Name <b>ROBERT RABINOWITZ, P.A.</b>																							
Principal Place of Business <b>4747 COLLINS AVENUE 707 MIAMI BEACH FL 33140 US</b>			Mailing Address <b>4747 COLLINS AVENUE 707 MIAMI BEACH FL 33140 US</b>																				
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.																				
City & State  Zip Country			City & State  Zip Country																				
4. FEI Number <b>20-3327540</b>				Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>RABINOWITZ, ROBERT 4747 COLLINS AVENUE 707 MIAMI BEACH FL 33140</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																				
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title (if applicable) _____ DATE _____																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P <input type="checkbox"/> Delete</td> <td style="width: 30%;">NAME</td> <td style="width: 10%;">RABINOWITZ, ROBERT</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4747 COLLINS AVENUE #707</td> <td>CITY- ST- ZIP</td> <td>MIAMI BEACH FL 33140</td> </tr> </table>			TITLE	P <input type="checkbox"/> Delete	NAME	RABINOWITZ, ROBERT	STREET ADDRESS	4747 COLLINS AVENUE #707	CITY- ST- ZIP	MIAMI BEACH FL 33140	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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1st MOORE CR2E034 (10/07)

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02/28/08-80033-023-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Page #

2/18/08