2007 FOR PROFIT CORPORATION · ANNUAL REPORT

DOCUMENT # P05000128488

1. Entity Name

BEHAR & ASSOCIATES PA



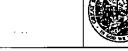
FILED May 31, 2007 08:00 A Secretary of State

Principal Place of Business

126 SPARROW DR

SUITE 4B

ROYAL PALM BEACH, FL 33411



Mailing Address

126 SPARROW DR

SUITE 4B

ROYAL PALM BEACH, FL 33411



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04092007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-3520864 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BEHAR, GEORGIO 616 SEA PINE WAY APT E2

GREENAC	CRES, FL 33415						
	named entity submits this statement for the putions of registered agent.	rpose of changing its registere	d office or re	gistered agent, or b	poth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEHAR, GEORGIO 126 SPARROW DR SUITE 4B ROYAL PALM BEACH, FL 33411			1	U00000765599		
TITLE NAME STREET ADDRESS CITY-ST*ZIP	VP HODGE, CRYSTAL 126 SPARROW DR SUITE 4B ROYAL PALM BEACH, FL 33411		ख्या [*] ,	the second	06/01/07-80814-005,150:00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. د د پر مسید	_气 一套选车	in De	NOT-WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS				., •			

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Fiorida 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:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BEHAT