


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90061 019 ***150.00

DOCUMENT # P05000149813 1. Entity Name JAMES D. GASSENHEIMER, P.A.			
Principal Place of Business 3250 MARY STREET SUITE 307 COCONUT GROVE, FL 33133		Mailing Address 3250 MARY STREET SUITE 307 COCONUT GROVE, FL 33133	
2. Principal Place of Business - No P.O. Box # 11020 N. KENDALL DRIVE		3. Mailing Address 11020 N. KENDALL DRIVE	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33176	Country	Zip 33176	Country
4. FEI Number 20-3804746		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 GASSENHEIMER, JAMES D 3250 MARY STREET SUITE 307 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent 11020 N Kendall Dr Miami FL 33176	
Name GASSENHEIMER, JAMES D		Name 11020 N Kendall Dr	
Street Address (P.O. Box Number is Not Acceptable) SUITE 307		Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176	
City FL		Zip Code 33176	
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: _____ <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, 2008 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/D GASSENHEIMER, JAMES D 3250 MARY STREET, SUITE 307 COCONUT GROVE, FL 33133	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 SUITE 101 11020 N. KENDALL DR MIAMI, FL 33176	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
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/9/08 Time: 305.798.643	