2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163636

Entity Name: PAIGE WAJSMAN, P.A.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2816 SCOTT MILL TERRACE 416 SIERRA VISTA CT JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32259

Current Mailing Address: New Mailing Address:

2816 SCOTT MILL TERRACE 416 SIERRA VISTA CT JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32259

FEI Number: 20-3962181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAJSMAN, PAIGE

2816 SCOTT MILL TERRACE

JACKSONVILLE, FL 32257 US

WAJSMAN, PAIGE

416 SIERRA VISTA CT

JACKSONVILLE, FL 32259 US

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.

SIGNATURE: 01/04/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete Name: WAJSMAN, PAIGE

Name: WAJSMAN, PAIGE
Address: 2816 SCOTT MILL TERRACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete Name: WAJSMAN, ILAN

Address: 2816 SCOTT MILL TERRACE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition

 Name:
 WAJSMAN, PAIGE

 Address:
 416 SIERRA VISTA CT

 City-St-Zip:
 JACKSONVILLE, FL 32259

Title: VD (X) Change () Addition

Name: WAJSMAN, ILAN
Address: 416 SIERRA VISTA CT
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAIGE WAJSMAN PSTD 01/04/2008