
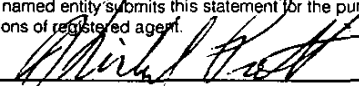
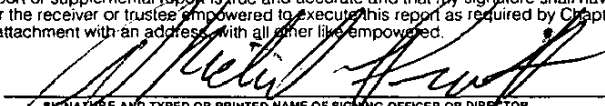


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90026 036 ***150.00

DOCUMENT # P06000003569 1. Entity Name MICHAEL R. PIATT, P.A.					
Principal Place of Business 7517 HAYES STREET HOLLYWOOD, FL 33024			Mailing Address 7517 HAYES STREET HOLLYWOOD, FL 33024		
2. Principal Place of Business - No P.O. Box # 2950 West Cypress Creek Rd		3. Mailing Address 2950 West Cypress Creek Rd			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. 100			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 20-3787300	
Zip 33309		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUMORE, C. ANTHONY ESQ. 450 EAST LAS OLAS BLVD SUITE 1100 FT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Michael R. Piatt Street Address (P.O. Box Number is Not Acceptable) 2950 West Cypress Creek Rd. Ft Lauderdale, FL Suite 100 33309. City FL Zip Code		
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 _____ <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	D PIATT, MICHAEL R 7517 HAYES STREET HOLLYWOOD, FL 33024		<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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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"/> 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 3/6/07 Daytime Phone # 954-298389		