


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000011382</b> 1. Entity Name <b>BINSTOCK RUBIN ADLER ALDECOA &amp; ELLZEY, P.A.</b>	
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Principal Place of Business <b>9100 S. DADELAND BLVD. SUITE 1600 MIAMI, FL 33156</b>	Mailing Address <b>9100 S. DADELAND BLVD. SUITE 1600 MIAMI, FL 33156</b>
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-4183255</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RUBIN, RONALD 9100 S. DADELAND BLVD. SUITE 1600 MIAMI, FL 33156</b>
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**DO NOT WRITE  
IN THIS SPACE**

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>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINSTOCK, ALEX 9100 S. DADELAND BLVD. #1600 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, RONALD 9100 S. DADELAND BLVD. #1600 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, LESLIE 9100 S. DADELAND BLVD. #1600 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDECOA, JORGE 9100 S. DADELAND BLVD. #1600 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLZEY, RANDY 9100 S. DADELAND BLVD. #1600 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/14/08-80012-002 150.00

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>	 <small>Date</small>	 <small>Daytime Phone #</small>
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