2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000023577

1. Entity Name
JEREMY MATZA, P.A.

Principal Place of Business	Mailing Address
1885 PALM COVE BLVD SUITE 308 DELRAY BEACH, FL 33445	1885 PALM COVE BLVD SUITE 308 DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

02282008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-4316006		Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AARON M. COHEN, P.A.
955 N.W. 17TH AVENUE
BLDG D
DELRAY BEACH, FL 33445

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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 _____

Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000886316 04/18/08-80051-011 158.75

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MATZA, JEREMY
STREET ADDRESS	1885 PALM COVE BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33445

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _P.A. JEREMY MATZA P.A._   4-4-08   561-995-7603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #