


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State


DOCUMENT # P06000093150
 1. Entity Name
MICHAEL EISNER, P.A.



Principal Place of Business
**4010 SHERIDAN STREET
 HOLLYWOOD, FL 33021**

Mailing Address
**4010 SHERIDAN STREET
 HOLLYWOOD, FL 33021**

DO NOT WRITE IN THIS SPACE



04122008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1969492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOFSKY, DAVID A
 4010 SHERIDAN STREET
 HOLLYWOOD, FL 33021**

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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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISNER, MICHAEL 4010 SHERIDAN STREET HOLLYWOOD, FL 33021
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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: *Michael E. Eisner* **MICHAEL EISNER** 4/29/08 305-542057
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #