

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90073 018 \*\*\*150.00

<b>DOCUMENT # P06000147464</b>																																																																																																																													
<b>1. Entity Name</b> SHANI STUDNIK, P.A.																																																																																																																													
<b>Principal Place of Business</b> 2875 NE 191ST STREET SUITE 400 AVENTURA, FL 33180 US			<b>Mailing Address</b> 2875 NE 191ST STREET SUITE 400 AVENTURA, FL 33180 US																																																																																																																										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-5940293																																																																																																																									
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																									
<b>6. Name and Address of Current Registered Agent</b>  LASRIS, LEE F FRANK, WEINBERG & BLACK, P.L. 7805 SW SIXTH COURT PLANTATION, FL 33324		<b>7. Name and Address of New Registered Agent</b> Name: <u>Joan Papadakis</u> Street Address (P.O. Box Number is Not Acceptable): <u>2875 NE 191ST</u> <u>Suite 400</u> City: <u>Aventura</u> <b>FL</b> <b>Zip Code</b> <u>33180</u>																																																																																																																											
<b>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.</b> SIGNATURE: <u>Joan Papadakis</u> (NOTE: Registered Agent signature required when registering) DATE: <u>4/9/07</u>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>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.</b>																																																																																																																													
<b>SIGNATURE:</b> <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>4/9/07</u> Daytime Phone #: <u>305-370-7100</u>																																																																																																																									