

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 004 ***150.00

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04252008 Chg-P CR2E034 (12/06)

4. FEI Number **26-1388096** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, CYNTHIA L PHD
110 SE 4TH AVE SUITE 106
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name **CYNTHIA LAST RUBIN, PHD**
Street Address (P.O. Box Number is Not Acceptable) **2499 GLADES RD**
SUITE 114
City **BOCA RATON** FL Zip Code **33431**

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 **Cynthia Last Rubin PHD** PRESIDENT **4/25/08**
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

10. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete
NAME **RUBIN, CYNTHIA L PHD**
STREET ADDRESS **110 SE 4TH AVE SUITE 106**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **2499 GLADES RD, #114**
STREET ADDRESS **BOCA RATON, FL 33431**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Cynthia Last Rubin PHD** **4/25/08** (361) 955-1200
Signature and typed or printed name of signing officer or director Date Daytime Phone #