


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000108147		
1. Entity Name DIENSTAG, COX & ASSOCIATES, P. A.		

Principal Place of Business 9200 SOUTH DADELAND BOULEVARD SUITE 509 MIAMI, FL 33156 US	Mailing Address 9200 SOUTH DADELAND BOULEVARD SUITE 509 MIAMI, FL 33156 US
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2. Principal Place of Business - No P.O. Box # 1390 S. Dixie Hwy Ste 1310 City & State Coral Gables, FL Zip 33146 Country USA	3. Mailing Address 1390 S. Dixie Hwy Ste 1310 City & State Coral Gables, FL Zip 33146 Country USA
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FILED  
08 SEP 29 PM 12:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



07102008 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent DIENSTAG, MARK A 9100 SOUTH DADELAND BLVD. SUITE 509 MIAMI, FL 33156	7. Name and Address of New Registered Agent Name Dienstag, MARK A. Street Address (P.O. Box Number is Not Acceptable) 1390 S. Dixie Hwy Ste 1310 City Coral Gables FL Zip 33146
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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 \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. T DIENSTAG, MARK A 9200 SOUTH DADELAND BLVD., SUITE 509 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Dienstag, MARK A. 1390 S. Dixie Hwy Ste 1310 Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COX, NEIL C 9200 SOUTH DADELAND BLVD., SUITE 509 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cox, Neil C 1390 S. Dixie Hwy Ste 1310 Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, NEIL C 9200 SOUTH DADELAND BLVD., SUITE 509 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cox, Neil C 1390 S. Dixie Hwy Ste 1310 Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ 9/12/08 305-662-1655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Diverse Phone #

9/30/08