


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000112259				FILED 08 FEB -4 PM 1:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ROSENBAUM INTERNATIONAL LAW FIRM, P.A.					
Principal Place of Business 755 41 STREET MIAMI BEACH, FL 33140		Mailing Address 201 ALHAMBRA CIR SUITE 601 CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 755 41 street		01072008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State Miami Beach Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
33140		33140	USA		
6. Name and Address of Current Registered Agent ROSENBAUM, MICHAEL ESQ 755 41 STREET MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Michael Rosenbaum ESQ, PA 755 41 street Miami Beach FL 33140	
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 <i>[Signature]</i> 1/7/08 <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROSENBAUM, MICHAEL ESQ, P.A. 755 41 STREET MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Rosenbaum, Michael ESQ PA 755 41 street Miami Beach, Florida 33140	<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
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/7/08 305-333-5308 <small>Date Daytime Phone #</small>		