

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90022 003 \*\*\*150.00

**DOCUMENT # P92000004287**

1. Entity Name  
STUART L. RUBIN AND ASSOCIATES, P.A.



Principal Place of Business

2700 W CYPRESS CREEK RD  
SUITE C-110  
FT LAUDERDALE, FL 33309 US

Mailing Address

2700 W CYPRESS CREEK RD  
SUITE C-110  
FT LAUDERDALE, FL 33309 US

**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0369730

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RUBIN, STUART L CPA  
2700 W CYPRESS CREEK RD  
SUITE C-110  
FT LAUDERDALE, FL 33309

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IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	RUBIN, STUART L CPA
STREET ADDRESS	2700 W CYPRESS CREEK RD STE C110
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	VIP
NAME	RUBIN, SHELLEY LOOK
STREET ADDRESS	5876 N.W. 54 CIRCLE
CITY - ST - ZIP	CORAL SPRINGS FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART L. RUBIN

Date

Daytime Phone #

2/2/07 954-977-0475