


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000014909</b> 1. Entity Name SHAPIRO, BLASI, WASSERMAN & GORA, P.A.	
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Principal Place of Business 7777 GLADES RD SUITE 400 BOCA RATON, FL 33434 US	Mailing Address 7777 GLADES RD SUITE 400 BOCA RATON, FL 33434 US
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02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0376849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SHAPIRO, MICHAEL B 7777 GLADES RD SUITE 400 BOCA RATON, FL 33434
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**DO NOT WRITE  
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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SHAPIRO, MICHAEL B 7777 GLADE RD., SUITE 400 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DECTOR, ANDREW M 7777 GLADE RD., SUITE 400 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLASI, ANDREW 7777 GLADE RD., SUITE 400 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WASSERMAN, JEFFREY P 7777 GLADE ED., SUITE 400 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVINE, DANIEL R 7777 GLADE RD., SUITE 400 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000659950  
03/19/07-80008-001 150.00

**DO NOT WRITE  
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

3/8/2007 361-477-7800  
Date Daytime Phone #