
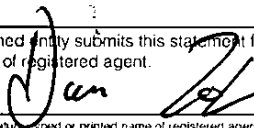
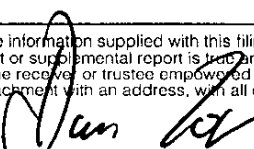


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90040 050 ***150.00

DOCUMENT # P93000038850					
1. Entity Name DAN ZOHAR, P.A.					
Principal Place of Business 8902 N. DALE MABRY HWY SUITE 111 TAMPA, FL 33614			Mailing Address 8902 N. DALE MABRY HWY SUITE 111 TAMPA, FL 33614		
2. Principal Place of Business - No P.O. Box # 2529 W. BUSCH BLVD.		3. Mailing Address			
Suite, Apt. #, etc. STR. 100		Suite, Apt. #, etc.			
City & State TAMPA FLORIDA		City & State			
Zip 33618		Country Hillsborough		Zip	
Country		4. FEI Number 59-3183895			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZOHAR, DAN 8902 N. DALE MABRY HWY SUITE 111 TAMPA, FL 33614			7. Name and Address of New Registered Agent Name: ZOHAR, DAN Street Address (P.O. Box Number is Not Acceptable): 2529 W. BUSCH BLVD., STR. 100 City: TAMPA FL Zip Code: 33618		
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:  DAN ZOHAR DATE: 1/4/2008 <small>(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	PST ZOHAR, DAN 8902 N. DALE MABRY HWY, SUITE 111 TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ZOHAR, DAN 2529 W. BUSCH BLVD., STR. 100 TAMPA, FL. 33618	<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
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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:  - DAN ZOHAR - PRESIDENT DATE: 1/4/2008 (813) 935-9448 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					