

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90020 001 ***150.00

DOCUMENT # P93000046259 1. Entity Name CRAIG J. HOROWITZ, C.P.A., P.A.					
Principal Place of Business 3300 UNIVERSITY DR 904 CORAL SPRINGS, FL 33065 US			Mailing Address 3300 UNIVERSITY DR 904 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business - No P.O. Box # 1515 UNIVERSITY DR. Suite, Apt. #, etc. #115		3. Mailing Address 1515 UNIVERSITY DR. Suite, Apt. #, etc. #115			
City & State CORAL SPRING FL.		City & State CORAL SPRINGS FL.		4. FEI Number 65-0421456	
Zip 33071 Country USA		Zip 33071 Country USA.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOROWITZ, CRAIG J 3300 UNIVERSITY DR #904 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1515 UNIVERSITY DR. #115 City CORAL SPRINGS FL Zip Code 33071	
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  CRAIG J. HOROWITZ 3/13/07 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$500.00			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	PVST HOROWITZ, CRAIG J 3300 UNIVERSITY DR #904 CORAL SPRINGS, FL	<input type="checkbox"/> Delete			
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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:  CRAIG J. HOROWITZ 3/13/07 954-752-6281 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					