


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90266 012 ***150.00

DOCUMENT # P93000052534	
1. Entity Name ROBERT M. KAHN, P.A.	

Principal Place of Business 8211 W BROWARD BLVD PENTHOUSE 4 PLANTATION, FL 33324	Mailing Address 8211 W BROWARD BLVD PENTHOUSE 4 PLANTATION, FL 33324
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2. Principal Place of Business - No P.O. Box # 777 S. State Road 7	3. Mailing Address 777 S. State Road 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Margate, FL	City & State Margate, FL
Zip 33068	Country USA

40077615



04192007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0441959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAHN, ROBERT M 8211 W BROWARD BLVD PENTHOUSE 4 PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Kahn, Robert M. Street Address (P.O. Box Number is Not Acceptable) 777 S. State Road 7 City Margate FL Zip Code 33068
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KAHN, ROBERT M 8211 W BROWARD BLVD PENTHOUSE 4 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Kahn, Robert M. 777 S. State Road 7 Margate, FL 33068 <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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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: *Robert M. Kahn* **APRIL 19, 2007** **954-969 3905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #