


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-07-2008 90042 019 ***150.00

DOCUMENT # P93000062725 1. Entity Name LINDA C. SINGER, P.A.			
Principal Place of Business 9130 S DADELAND BLVD 1609 MIAMI, FL 33156 US		Mailing Address 9130 S DADELAND BLVD 1609 MIAMI, FL 33156 US	
2. Principal Place of Business - No P.O. Box # 9500 S. Dadeland Blvd		3. Mailing Address 9500 S. Dadeland Blvd.	
Suite, Apt. #, etc. 703		Suite, Apt. #, etc. 703	
City & State Miami, FL		City & State Miami, FL	
Zip 33156		Zip 33156	
Country US		Country US	
4. FEI Number 65-0435639		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 LINDA C SINGER 9130 S DADELAND BLVD STE 1609 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Linda C. Singer Street Address (P.O. Box Number is Not Acceptable) 9500 S. Dadeland Blvd. Suite 703 City Miami	
FL		Zip Code 33156	
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 <u><i>Linda Singer, President</i></u> DATE <u>1/3/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (Not a Registered Agent signature required when reinstalling)</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	DPST SINGER, LINDA C 9130 S DADELAND BLVD STE 1609 MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SINGER, LINDA C. 9500 S. DADELAND BLVD., STE. 703 MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u><i>Linda Singer, Pres.</i></u>		DATE: <u>1/3/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>305/670-5291</u>	