## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 24, 2007 08:00 A **DOCUMENT # P93000075666 Secretary of State** 1. Entity Namo SOKOLOFF & WEINSTEIN, P.A. Principal Place of Business Mailing Address 11440 OKEECHOBEE BLVD 11440 OKEECHOBEE BLVD **STE 104** STE 104 ROYAL PALM BEACH FL 33411\_ ROYAL PALM BEACH FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0447524 Not Applicable Ζiρ Country Ζίρ Country **\$8.75** Additional 5. Cortificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINSTEIN, SETH T. Street Address (P.O. Box Number is Not Acceptable) 11440 OKEECHOBEE BLVD **STE 104** ROYAL PALM BEACH FL 33411 Zin Code 8. The above named ontily 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 conted name of registered agent and title is applicable (NOTE; Registored Agent rightfum required when reinstalling DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ĈD IIII IIII ☐ Change ☐ Delete Addition SOKOLOFF, ELLIOT J. NAM NALE U00000601738 911 FOREST GLEN LANE SIDELL ADDRESS SHIFE I ADDRESS 111/26/07-80059-021 150.00 WELLINGTON FL 33414 CORY ST 70° CALLY SI ZIP Delete Change Addition ШП WEINSTEIN, SETH T NAMI 3745 OLD LIGHTHOUSE CIRCLE SIPITE LADDRESS SHILL LADORESS WELLINGTON FL 33414 CHY SI ZIP CITY-ST 7IP HILL Deleto THIII Change Addition NAM NAME STREET LADORESS SHREET ADDRESS CITY SI AP CITY ST 7IP Delete IIILE Change Addition 11111 NAM MAMI STREET ADDRESS STREET ADDRESS CHY SI ZIP CITY ST 7IP ∰∏# F Change ☐ Addition 11111 ☐ Delete NAME MAM STREET ADDRESS STREET ADDRESS CHY SLAP CITY SE 71P ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME SIKELI ADDRESS STREET ADORESS CITY-ST-7IP CITY ST-71P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

DEEN J. WLUNDIW, CSQ. CO-DIRECTOR OF SALE BUT GUERNIGH, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1267 (561) 790-678