

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000000624

1. Entity Name
EUGENE M. WEITZ, CPA, P.A.



Principal Place of Business
915 MIDDLE RIVER DRIVE
SUITE 500
FORT LAUDERDALE, FL 33304

Mailing Address
915 MIDDLE RIVER DRIVE
SUITE 500
FORT LAUDERDALE, FL 33304



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0457517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEITZ, EUGENE M
915 MIDDLE RIVER DRIVE
SUITE 500
FORT LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000822967
02/20/08-80019-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEITZ, EUGENE M
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 500
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33304
TITLE	T
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CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08
Date

954-563-6404
Daytime Phone #