

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000024286

1. Entity Name
BLECKER & LEWINGER, P.A.



Principal Place of Business

Mailing Address

6600 N. ANDREWS AVE
#306
FT LAUDERDALE, FL 33309 US

6600 N. ANDREWS AVE
#306
FT LAUDERDALE, FL 33309 US



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0475980

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWINGER, RICK
6600 N. ANDREWS AVE
#306
FORT LAUDERDALE, FL 33309

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

UD00000600726
01/26/07-80023-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BLECKER, STEVE
STREET ADDRESS 6600 N. ANDREWS AVE #306
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE D
NAME LEWINGER, RICK
STREET ADDRESS 6600 N. ANDREWS AVE #306
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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

Date

Daytime Phone #

X 1/22/07 954 493 6500