2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000044071

1. Entity Name LEVY & ASSOCIATES, P.A.

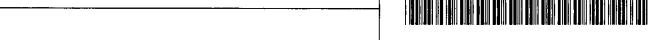


FILED
Jan 16, 2007 08:00 AM
Secretary of State

Principal Place of Business

2101 CORPORATE BLVD SUITE 317 BOCA RATON, FL 33431 Mailing Address

15000 FEATHERSTONE WAY DAVIE, FL 33331



 4. FEI Number 65-0497387
 CR2E034 (11/05)

 4. FEI Number 65-0497387
 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

LEVY, JOEL I 15000 FEATHERSTONE WAY DAVIE, FL 33331

SIGNATURE: 🔀

DO NOT WRITE IN THIS SPACE

8. The above the obligation	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am fami	liar with, and accept
SIGNATURE;	Signature, typed or printed name of registered agent and title		. .		V	
	Signature, typed or printed name of registered agent and title	1 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 B. Added to Fees		\$5.00 May Be Added to Fees	U00000586894 01/17/07-80006-007 150.00	
10.	OFFICERS AND DIREC	TORS			1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, JOEL I 15000 FEATHERSTONE WAY DAVIE, FL 33331				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the conchanged,	pertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exer nd accurate and that my signatu to execute this report as require other like empowered.	nptions cor re shall hav d by Chapt	ntained in Chapter 119 re the same legal effecter 607, Florida Statute	9, Florida Statutes. I further certify the cit as if made under oath; that I am a es; and that my name appears in Blo	nat the information n officer or director ick 10 or Block 11 if