

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000053341

1. Entity Name
DENNIS M. SOLOMON, P.A.



Principal Place of Business

**1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406 US**

Mailing Address

**1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406 US**



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0514067

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SOLOMON, DENNIS M.
1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406**

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON, DENNIS M 217 OLD MEADOW WAY PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLOMON, ELIZABETH S. 217 OLD MEADOW WAY PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/08-80012-012 150.00

**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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis M. Solomon **Dennis M. Solomon** 2/10/08 561-687-3177