


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000061354	
1. Entity Name ARLENE B. ENGLANDER, P.A.	

Principal Place of Business 618 U.S. HIGHWAY #1 SUITE 406 NORTH PALM BEACH, FL 33408	Mailing Address 618 U.S. HIGHWAY #1 SUITE 406 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0520730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ENGLANDER, ARLENE B
618 U.S. HIGHWAY #1
SUITE 406
NORTH PALM BEACH, FL 33408**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

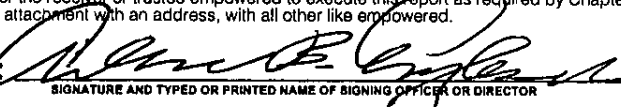
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000834329 02/28/08-80049-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE PVST	ENGLANDER, ARLENE B 618 U.S. HIGHWAY #1, #406 NORTH PALM BEACH, FL 33408
TITLE D	ENGLANDER, ARLENE B 618 U.S. HIGHWAY #1, #406 NORTH PALM BEACH, FL 33408
TITLE 	
TITLE 	
TITLE 	
TITLE 	

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:  **2/18/08 561863009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #