## 2007 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR F

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## **FILED** Apr 25, 2007 08:00 A Secretary of State

DOCUMENT # P94000  1. Entity Name ADAM R. SCHIFFMAN, P.A.			
Principal Place of Business 2999 NE 191ST STREET STE 900 N. MIAMI BEACH, FL 33180 US	Mailing Address 2999 NE 191ST STREET STE 900 N. MIAMI BEACH, FL 33180	US	
DO NOT WRI	TE IN THIS SPA	CF	0226200

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 a other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

STE 900 N. MIAMI BE/	ACH, FL 33180 US	STE 900 N. MIAMI BEACH, FL 33180	US				
DO NOT WRITE IN THIS SPACE		CE	02262007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied Fo 65-0521732 Not Applied				
				·	f Status Desired		8.75 Additional
2999 NE 1 STE 900	6. Name and Address of Current Reg AN, ADAM R 91ST STREET BEACH, FL 33180	Istored Agent			NOT W		
	named entity submits this statement for this one of registered agent.  Signature, typed or printed name of registered agent and the state of the sta		ed office or register . d Agent signature requirer		o, in the State of Flo	rida, I am ta	rniliar with, and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF DPST SCHIFFMAN, ADAM R. 2999 NE 191 STREET #900 N MIAMI BEACH, FL	ECTORS	-		U0 05/09	000073 /07-80	2351 043-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP				?			-
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· •	IN 7	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		***	, ,		
TITLE NAME			1	· · · · · ·			

Daytime Phone \*