

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90115 003 ***150.00

DOCUMENT # P94000088122 1. Entity Name LAWRENCE P. KUVIN, P.A.			
Principal Place of Business 1314 E. LAS OLAS BOULEVARD 605 FORT LAUDERDALE, FL 33301		Mailing Address 1314 E. LAS OLAS BOULEVARD 605 FORT LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 328 NE 20th Street		3. Mailing Address 328 NE 20th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WILTON MANORS, FL		City & State WILTON MANORS, FL	
Zip 33305		Zip 33305	
Country		Country	
4. FEI Number 65-0546128		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 KUVIN, LAWRENCE P 1314 E. LAS OLAS BOULEVARD 605 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name LAWRENCE P. KUVIN Street Address (P.O. Box Number is Not Acceptable) 328 NE 20th Street City WILTON MANORS FL Zip Code 33305	
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		DATE 4-22-08	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME KUVIN, LAWRENCE P ESQ.	TITLE 	NAME
STREET ADDRESS 1314 E. LAS OLAS BOULEVARD #605	CITY-ST-ZIP FORT LAUDERDALE, FL 33301	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME KUVIN, LAWRENCE P Esq	TITLE 	NAME
STREET ADDRESS 328 NE 20th Street	CITY-ST-ZIP WILTON MANORS, FL 33305	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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		Date _____ Daytime Phone # _____	