
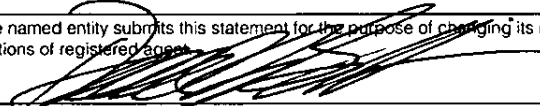


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90047 021 \*\*\*150.00

<b>DOCUMENT # P95000032130</b> 1. Entity Name <b>DANIEL A. GOLDSTEIN, P.A.</b>			
Principal Place of Business <b>9100 S. DADELAND BLVD. STE. 415 MIAMI, FL 33156 US</b>		Mailing Address <b>9100 S. DADELAND BLVD. STE. 415 MIAMI, FL 33156 US</b>	
2. Principal Place of Business - No P.O. Box # <b>9155 S. DADELAND BLVD.</b>		3. Mailing Address <b>9155 S. DADELAND BLVD.</b>	
Suite/Apt. #, etc. <b>1012</b>		Suite/Apt. #, etc. <b>1012</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33156</b>		Zip <b>33156</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>GOLDSTEIN, DANIEL A 9100 S. DADELAND BLVD. STE. 415 MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9155 S. DADELAND BLVD., SUITE 1012</b> City <b>MIAMI</b> FL Zip Code <b>33156</b>	
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: <b>03-24-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLDSTEIN, DANIEL A 9100 S. DADELAND BLVD., SUITE 415 MIAMI, FL 33156	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>9155 S. DADELAND BLVD., SUITE 1012 MIAMI, FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSTEIN, JENNIFER R 9100 S. DADELAND BLVD., SUITE 415 MIAMI, FL 33156	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>9155 S. DADELAND BLVD., SUITE 1012 MIAMI, FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer or director empowered.

SIGNATURE:  **DANIEL A. GOLDSTEIN** DATE: **03-24-08** DAYTIME PHONE #: **305-670-1148**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #