## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000047730

EDWARD B. SOBEL, P.A.



Principal Place of Business

Mailing Address

4900 MANATEE AVENUE WEST STE 206 BRADENTON, FL 34209

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## **FILED** Apr 30, 2007 08:00 AM Secretary of State

Fee Required



DO NOT WRITE IN THIS SPACE

04192007	No Chg-F	CINZ	E034 (11/03)
4. FEI Number			Applied For
65-05909	78		Not Applicable
5. Certificate of	Status Desired		\$8.75 Additional

6. Name and Address of Current Registered Agent

HAMEL, JULIA L 4900 MANATEE AVE W **STE 206** BRADENTON, FL 34209

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signaturi	required when reinstating)	DATE
FIL After M	E NOW!!! FEE !S \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution,	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBEL, EDWARD B 4900 MANATEE AVENUE WEST STE BRADENTON, FL 34209	206			
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000748430 05/17/07-80068-010 150.00
TITLE NAME 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 eath; 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: _	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	g. sobel grest/28/07	941 7461203 Daylime Phone #