

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-24-2008 90046 037 ***150.00

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| DOCUMENT # P95000051478 1. Entity Name JONAS & SILBERMAN, P.A. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 300-71ST STREET, SUITE 630 MIAMI BEACH, FL 33141 | | Mailing Address 300-71ST STREET, SUITE 630 MIAMI BEACH, FL 33141 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 300-71ST STREET Suite, Apt. #, etc. SUITE 405 City & State MIAMI BEACH, FL Zip Country 33141 | | 3. Mailing Address 300-71ST STREET Suite, Apt. #, etc. SUITE 405 City & State MIAMI BEACH, FL Zip Country 33141 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent SILBERMAN, GARY 300-71ST STREET, SUITE 630 MIAMI BEACH, FL 33141 | | 7. Name and Address of New Registered Agent Name Silberman, Gary Street Address (P.O. Box Number is Not Acceptable) 300-71st Street, Suite 405 City Miami Beach FL Zip Code 33141 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: GARY SILBERMAN Director DATE: 01-22-08 <small>Signature, if possible, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JONAS, DANIEL E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>300-71ST ST, STE 630</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FL 33141</td> <td></td> </tr> </table> | | TITLE | D | <input type="checkbox"/> Delete | NAME | JONAS, DANIEL E | | STREET ADDRESS | 300-71ST ST, STE 630 | | CITY-ST-ZIP | MIAMI BEACH, FL 33141 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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: GARY SILBERMAN Director | | Date: 01-22-08 Daytime Phone #: (305) 866-7624 | | | | | | | | | | | | | | | | | | | | | | | | | |