


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90006 033 ***550.00

DOCUMENT # P95000058631

1. Entity Name
RENEE FRIEDMAN, P.A.



Principal Place of Business Mailing Address
1835 BRIDGEWOOD DR **1835 BRIDGEWOOD DR**
BOCA RATON, FL 33434-4143 **BOCA RATON, FL 33434-4143**

00040606



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

07022008 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0599028 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THOMAS C. WALSER, P.A.
1835 BRIDGEWOOD DR
BOCA RATON, FL 33434-4143

7. Name and Address of New Registered Agent

Name **Harry H Marklin (Cash)**
Street Address (P.O. Box Number is Not Acceptable) **900 N Federal Hwy #210**
City **Boca Raton** **FL** Zip Code **33432**

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 *Renee Friedman* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	FRIEDMAN, RENEE
STREET ADDRESS	1835 BRIDGEWOOD DR
CITY-ST-ZIP	BOCA RATON, FL 334344143
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Renee Friedman* 7/16/08 561-654-6308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60045268

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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P.O. Box 8700
Tallahassee, FL 32314

2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number P95000058631

Business Entity Name RENEE FRIEDMAN, P.A.

Original File Date 07/26/1995

FEI Number 65-0599028

Principal Address 1835 BRIDGEWOOD DR
BOCA RATON, FL 334344143

Mailing Address 1835 BRIDGEWOOD DR
BOCA RATON, FL 334344143

Registered Agent ~~THOMAS G. WALBER, P.A.~~ Harry H Marklin
1835 BRIDGEWOOD DR 900 N Federal Hwy #210
BOCA RATON, FL 334344143 US Boca Raton, FL 33432

Officer/Director Name And Address

D
RENEE FRIEDMAN
1835 BRIDGEWOOD DR
BOCA RATON, FL 334344143

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes