


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90031 019 ***150.00

DOCUMENT # P95000074956	
1. Entity Name GARY A. LEVINSON, P.A.	

Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 600 MIAMI, FL 33131 US	Mailing Address 601 BRICKELL KEY DRIVE SUITE 600 MIAMI, FL 33131 US
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2. Principal Place of Business - No P.O. Box # 1451 Ocean Drive Suite, Apt. #, etc. Suite 205 City & State Miami Beach FL Zip 33139 Country USA	3. Mailing Address 1451 Ocean Drive Suite, Apt. #, etc. Suite 205 City & State Miami Beach FL Zip 33139 Country USA
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601011

01162007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0610617

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

6. Name and Address of Current Registered Agent LEVINSON, GARY A 501 BRICKELL KEY DRIVE SUITE 300 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Levinson Gary A. Street Address (P.O. Box Number is Not Acceptable) 1451 Ocean Drive Suite 205 City Miami Beach FL Zip Code 33139	
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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 2-16-07

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINSON, GARY A 501 BRICKELL KEY DR., SUITE 300 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Levinson, Gary A. 1451 Ocean Drive Suite 205 Miami Beach FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.

SIGNATURE: _____ DATE 2-16-07 (305) 374-3471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR