

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90032 014 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # P96000002451 1. Entity Name WACHHOLDER AND STREIMER, P.A. | | | | | |
| Principal Place of Business 7501 NW 4 STREET PLANTATION, FL 33317 | | | Mailing Address 7501 NW 4 STREET PLANTATION, FL 33317 | | |
| 2. Principal Place of Business - No P.O. Box # 1361 Sawgrass Corp Pkwy | | 3. Mailing Address 1361 Sawgrass Corp Pkwy | | | |
| Suite, Apt. #, etc. STE 100 | | Suite, Apt. #, etc. STE 100 | | | |
| City & State Sunrise, FL | | City & State Sunrise, FL | | | |
| Zip 33323 | | Country US | | 4. FEI Number 65-0630994 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent WACHHOLDER, BARRY L 7501 NW 4 STREET PLANTATION, FL 33317 | | | 7. Name and Address of New Registered Agent Name Wachholder, Barry L Street Address (P.O. Box Number is Not Acceptable) 1361 Sawgrass Corp Pkwy STE 100 City Sunrise FL 33323 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | 1-23-08 <small>DATE</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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD WACHHOLDER, BARRY L 7501 NW 4 STREET PLANTATION, FL 33317 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Wachholder, Barry L 1361 Sawgrass Corp Pkwy # 100 Sunrise, FL 33323 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD STREIMER, LAURA A. 7501 NW 4TH STREET PLANTATION, FL 33317 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD Streimer, Laura A 1361 Sawgrass Corp Pkwy #100 Sunrise, FL 33323 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOWARD, NAOMI 7501 NW 4TH STREET PLANTATION, FL 33317 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Howard, Naomi 1361 Sawgrass Corp Pkwy #100 Sunrise, FL 33323 | <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 |
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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 |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 1-23-08 (954)846-1100 <small>Date Daytime Phone #</small> | |