## 2008 FOR PROFIT CORPORATION

## ANNUAL REPORT **FILED** Jan 24, 2008 08:00 AM DOCUMENT # P96000033171 1. Entity Name **Secretary of State** GARRY B. SCHWARTZ, P.A. Principal Place of Business Mailing Address 7540 SW 175 ST 4000 PONCE DE LEON BLVD STE 470 MIAMI, FL 33157 CORAL GABLES, FL 33146 CR2E034 (11/05) 01222008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0661805 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHWARTZ, GARRY B 4000 PONCE DE LEON BLVD **STE 470** IN THIS SPACE CORAL GABLES, FL 33146 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ΠP TITLE NAME SCHWARTZ, GARRY B U000000793250 STREET ADDRESS 4000 PONCE DE LEON BLVD # 470 CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - 7IP TITLE NAME STREET ADORESS CITY-ST-7IP NAME

12. Thereby 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 respirer 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 attac

STREET ADDRESS CITY-ST-ZIP