2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 08:00 AN Secretary of State

| DOCUMENT # P9700009439 1. Entity Name MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A. Principal Place of Business 4040 SHERIDAN ST HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 | | .021 | Secretary of Sta | | |
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| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent MILGRIM, LAURIE E | | | 01052007 No control of the second of the sec | Chg-P CR2E034 Desired | Property (1) |
| 4040 SHERIDAN ST HOLLYWOOD, FL 33021 8. The above named entity submits this statement for the purpose of changing its registered office | | | IN THIS | S SPACE | niliar with, and accept |
| the obligations of registered agent. SIGNATURE—Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating) DATE | | | | | |
| FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DIRECTORS VPAS ENGELBERG, MORRIS 4040 SHERIDAN ST HOLLYWOOD, FL 33021 DPST MILGRIM, LAURIE E 4040 SHERIDAN ST | | | U00000736239 10/07-80066-0 | 025 150.00 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | DO NO | T WRITE | - |
| THILE NAME STREET ADDRESS CITY-ST-ZIP | | پیشیور د و در د جومایان | IN THIS | S SPACE | |
| TITLE NAME STREET ADDRESS CRY-ST-ZIP | | | The Company of the Company | e e e e e e e e e e e e e e e e e e e | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - Carrette | wine reasonable of the State of the second | The same the same of the same | The state of the s |
| 12. I hereby certify that the information supplied with this filling 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 trust rejempowered tolexecute 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 address, with all other like empowered. SIGNATURE: ASSIT, Sec., 01/07/2007 954-966-3900 Destination of the information supplied with an address. With all other like empowered. ASSIT, Sec., 01/07/2007 954-966-3900 Destination of the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report of supplied to the corporation of the care of the corporation of the corpo | | | | | |

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