


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90072 009 ***150.00

DOCUMENT # P97000049069 1. Entity Name ROY E. GRANOFF, P.A.			
Principal Place of Business 12515 N KENDALL DR SUITE 304 MIAMI, FL 33188		Mailing Address 12515 N KENDALL DR SUITE 304 MIAMI, FL 33188	
2. Principal Place of Business - No P.O. Box # 8501 S.W. 124 AVE.		3. Mailing Address 8501 S.W. 124 AVE.	
Suite, Apt. #, etc. SUITE 312		Suite, Apt. #, etc. SUITE 312	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33183		Zip 33183	
Country		Country	
4. FEI Number 65-0758163		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANOFF, ROY E ESQ. 12515 N KENDALL DR SUITE 304 MIAMI, FL 33188		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8501 S.W. 124 AVE. SUITE 312 City MIAMI, FL Zip Code 33183	
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 <u><i>[Signature]</i></u> ROY E. GRANOFF DATE <u>1/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	D <input type="checkbox"/> Delete GRANOFF, ROY E ESQ. 12515 N KENDALL DR #304 MIAMI, FL 33188	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8501 S.W. 124 AVE MIAMI FL 33183
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
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: <u><i>[Signature]</i></u> ROY E. GRANOFF <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1.4.08</u> Daytime Phone # <u>305.596.0200</u>	