

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-11-2008 90072 006 \*\*\*150.00

DOCUMENT # P97000049673

1. Entity Name  
LAW OFFICES OF GRANOFF & KESSLER, P.A.



Principal Place of Business  
12515 NORTH KENDALL DRIVE  
SUITE 304  
MIAMI, FL 33186

Mailing Address  
12515 NORTH KENDALL DRIVE  
SUITE 304  
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #

8501 SW 124 AVE.

3. Mailing Address

8501 SW 124 AVE.

Suite, Apt. #, etc.

SUITE 312

Suite, Apt. #, etc.

SUITE 312

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33183

Country

Zip

33183

Country

01042008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0758158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRANOFF, ROY E  
12515 NORTH KENDALL DRIVE  
SUITE 304  
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8501 SW 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GRANOFF, ROY E  
STREET ADDRESS 12515 NORTH KENDALL DRIVE #304  
CITY-ST-ZIP MIAMI, FL 33186

TITLE D ☐ Delete  
NAME KESSLER, DAVID L ESQ.  
STREET ADDRESS 12515 NORTH KENDALL DRIVE #304  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8501 S.W. 124 AVE. #312  
CITY-ST-ZIP MIAMI, FL 33183

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8501 S.W. 124 AVE. #312  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #