



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P97000065411</b><br>1. Entity Name<br><b>HEARING AID TECHNOLOGY OF OAKLAND PARK, INC.</b> |  |
|---|---|

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|--|--|
| Principal Place of Business<br><b>1666 E OAKLAND PARK BLVD<br/>OAKLAND PARK, FL 33334-5237</b> | Mailing Address<br><b>1666 E OAKLAND PARK BLVD<br/>OAKLAND PARK, FL 33334-5237</b> |
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**DO NOT WRITE IN THIS SPACE**

  
01222007 No Chg-P CR2E034 (11/05)  
4. FEI Number  
**65-0769152**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**SOFFIN, BONNIE M.S.  
1666 E OAKLAND PARK BLVD  
OAKLAND PARK, FL 33334-5237**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
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10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>SOFFIN, BONNIE<br/>16417 GRAPE WAY<br/>DELRAY BEACH, FL 334846616</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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04/27/07-80051-005 158.75

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:** Bonnie Soffin M.S. (Bonnie Soffin, M.S.) **4-13-07** **954-564-7454**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #