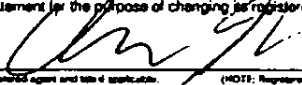
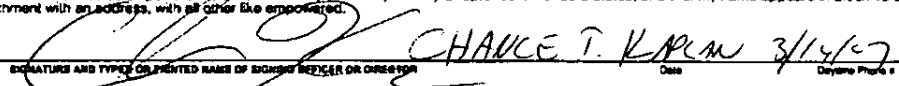


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/1
2/1

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-12-2007 90082 021 ***150.00

DOCUMENT # P97000072313		
1. Entity Name CHANCE T. KAPLAN, P.A.		
Principal Place of Business 1754 EAST COMMERCIAL BLVD FORT LAUDERDALE, FL 33334		Mailing Address 1754 EAST COMMERCIAL BLVD FORT LAUDERDALE, FL 33334
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STINSON, LOUIS JR % STEWART AGENT SERVICES 2199 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134		DO NOT WRITE 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:  DATE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when representing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAPLAN, CHANCE T 1754 EAST COMMERCIAL BLVD FORT LAUDERDALE, FL 33334	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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 807, 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:  CHANCE T. KAPLAN 3/14/07 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR OFFICER Date Daytime Phone #		