2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000084226

1. Entity Name
RONALD J. WEINTRAUB, C.P.A., P.A.

Principal Place of Business	Mailing Address
1320 S DIXIE HIGHWAY SUITE 750 CORAL GABLES, FL 33134	1320 S DIXIE HIGHWAY SUITE 750 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

04022007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0797168	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHASE, ALAN R ESQ
9400 S DADELAND BLVD SUITE 600
MIAMI, FL 33156

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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, 2007 Fee will be $550.00

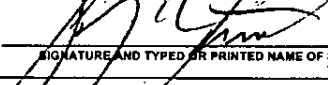**9.** Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000689996
04/11/07-80057-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WEINTRAUB, RONALD J CPA
STREET ADDRESS	1320 S DIXIE HWY SUITE 750
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ RONALD J. WEINTRAUB 4/2/07 305 661 1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #