## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P97000089170

Entity Name

WEISBEIN & ASSOCIATES, INC.



Principal Place of Business

C/O C.P. MOTION 6885 SW 58 PLACE

6885 SW 58 PLACE CORAL CABLES, FL 33143 South Miam Mailing Address

C/O C.P. MOTION 6885 SW 58 PLACE <del>CORAL GABLE</del>S, FL 33143 South Main

## FILED Feb 25, 2008 8:00 am Secretary of State

02-25-2008 90050 041 \*\*\*150.00



02122008

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0788716 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISBEIN, RAYMOND C.P. MOTION 6885 SW 58 PLACE MIAMI, FL 33143

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IN	THIS	SPAC	Œ

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its reg	gistered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	1		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISBEIN, RAYMOND G 6885 SW 58 PLACE SOUTH MIAMI, FL 33143			· ·		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEISBEIN, SELMA S 685 SW 58 PLACE SOUTH MIAMI, FL 33143					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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-end 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 truffee 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:

CITY-ST-ZIP

SIGNATURE HAT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08

305-668-7858

Daytime Phone #