
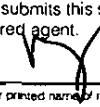
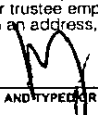


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-19-2007 90080 018 ***150.00

DOCUMENT # P97000107526 1. Entity Name MITCHEL D. GARFINKEL, P.A.																													
Principal Place of Business ONE FINANCIAL PLAZA SUITE 2111 FORT LAUDERDALE, FL 33394			Mailing Address ONE FINANCIAL PLAZA SUITE 2111 FORT LAUDERDALE, FL 33394																										
2. Principal Place of Business - No P.O. Box # 6901 SW 18 STREET Suite, Apt. #, etc. E 202		3. Mailing Address 6901 SW 18 STREET Suite, Apt. #, etc. E 202																											
City & State BOCA RATON, FL Zip 33433 Country USA		City & State BOCA RATON, FL Zip 33433 Country USA		4. FEI Number 65-0816194 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02052007 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent GARFINKEL, MITCHELL ONE FINANCIAL PLAZA SUITE 2111 FORT LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6901 SW 18 STREET SUITE E 202 City BOCA RATON FL Zip Code 33433																										
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  MITCHEL D. GARFINKEL DATE 2/16/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARFINKEL, MITCHEL D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE FINANCIAL PLAZA, #2111</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33394</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	GARFINKEL, MITCHEL D		STREET ADDRESS	ONE FINANCIAL PLAZA, #2111		CITY-ST-ZIP	FORT LAUDERDALE, FL 33394		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">6901 SW 18 STREET, #E 202</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BOCA RATON FL 33433</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	6901 SW 18 STREET, #E 202	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BOCA RATON FL 33433		STREET ADDRESS			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:  MITCHEL D. GARFINKEL, PRES. DATE 2/16/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													