## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 19, 2007 8:00 am Secretary of State DOCUMENT # P98000000093 02-19-2007 90050 040 \*\*\*150.00 RICHARD M. GOLDSTEIN, P.A. Principal Place of Business Mailing Address 200 S BISCAYNE BLVD 200 S BISCAYNE BLVD 40013385 STE 2500 STE 2500 MIAMI, FL 33131 MIAMI, FL 33131 CR2E034 (11/05) 01292007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0807048 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDSTEIN, RICHARD M DO NOT WRITE 200 SOUTH BISCYANE BLVD. **SUITE 2500** IN THIS SPACE MIAMI, FL 33131-2336 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS DPST TITLE GOLDSTEIN, RICHARD M NAME STREET ADDRESS 200 S BISCAYNE STE 2500 CITY-ST-ZIP MIAMI, FL 331312336 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

Exposed with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information into the port 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 this telephone execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental indicated on the report of supplemental indicated on the supplemental indi of the corporation or the received changed, or on an attachment

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED