


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90059 020 \*\*\*150.00

<b>DOCUMENT # P98000029149</b> 1. Entity Name <b>LAW OFFICES OF ADAM BARON, P.A.</b>			
Principal Place of Business <b>633 NE 167 STREET SUITE 703 NORTH MIAMI BEACH, FL 33162</b>		Mailing Address <b>633 NE 167 STREET SUITE 703 NORTH MIAMI BEACH, FL 33162</b>	
2. Principal Place of Business - No P.O. Box # <b>17031 NE 6 AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>17031 NE 6 AVENUE</b> Suite, Apt. #, etc.	
City & State <b>NO. MIAMI BEACH, FL</b> Zip <b>33162</b> Country		City & State <b>NO. MIAMI BEACH, FL</b> Zip <b>33162</b> Country	
4. FEI Number <b>65-0824755</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BARON, ADAM 633 NE 167 STREET, STE 703 NORTH MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ADAM BARON 17031 NE 6 AVENUE NO. MIAMI BEACH, FL 33162</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			