2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# P98000068268

Entity Name: LIPSON FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

1502 CAYMAN WY, #A-4
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

1502 CAYMAN WY, #A-4
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 65-0861154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASARCH, STEVEN J
1900 NW CORPORATE BLVD
STE 400 E
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LIPSON, STEPHEN J
Address: 27 VILES ST
City-St-Zip: WESTON, MA 02193

Title: D ( ) Delete
Name: LIPSON, JEANETTE
Address: 1502 CAYMAN WY, #A-4
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete
Name: LIPSON, ROBERT A
Address: ONE ATWELL ROAD
City-St-Zip: COOPERSTOWN, NY 133261394

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LIPSON, ROBERT A
Address: 108 PIONEER STREET
City-St-Zip: COOPERSTOWN, NY 13326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. LIPSON, M.D. D 07/09/2007

Electronic Signature of Signing Officer or Director Date