

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000108258

1. Entity Name

K. ROSENTHAL & ASSOCIATES, P.A.



Principal Place of Business

2875 N.E. 191ST STREET
SUITE 500
AVENTURA, FL 33180

Mailing Address

2875 N.E. 191ST STREET
SUITE 500
AVENTURA, FL 33180

FILED
Apr 23, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04192007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0884893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, KERRY E
2875 NE 191 ST, STE 500
AVENTRUA, FL 33180

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSENTHAL, KERRY E
STREET ADDRESS	2875 N.E. 191ST STREET
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000726395
05/04/07-80005-025 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-07 305-9370300