


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90029 032 \*\*\*150.00

DOCUMENT # P99000058235

1. Entity Name  
 2701 PROFESSIONAL BLDG., INC.



Principal Place of Business Mailing Address  
 2701 NE 14TH ST CAUSEWAY, SUITE 2 2701 NE 14TH ST CAUSEWAY, SUITE 2  
 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 11946 N. 144 Way Same  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State  
 Scottsdale AZ

4. FEI Number 65-0942735 Applied For Not Applicable

Zip Country Zip Country  
 85259

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PRADE, THOMAS J  
 2701 NE 14TH ST CAUSEWAY, SUITE 2  
 POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent  
 Name: Dubrow Laker + Associates PA  
 Street Address (P.O./Box Number is Not Acceptable): 5401 N UNIVERSITY DR, SUITE 204  
 City: Coral Springs FL Zip Code: 33067

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]*  
 Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when remaining) DATE:

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                      |
|----------------|--------------------------------------|
| TITLE          | PSTD <input type="checkbox"/> Delete |
| NAME           | PRADE, THOMAS J                      |
| STREET ADDRESS | 2701 NE 14TH ST CAUSEWAY, SUITE 2    |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062               |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS | 11946 N. 144th Way                                                           |
| CITY-ST-ZIP    | Scottsdale AZ 85259                                                          |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #