2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000099278

1. Entity Name
LAW OFFICE OF KURT S. HILBERTH, ESQ., P.A.

Principal Place of Business	Mailing Address
1930 TYLER ST. HOLLYWOOD, FL 33020	1930 TYLER ST. HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

02262008   No Chg-P   CR2E034 (11/05)

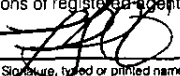| **4.** FEI Number	Applied For
22-3692737	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HILBERTH, KURT S
1930 TYLER ST.
HOLLYWOOD, FL 33020

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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 _4-3-08_

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000883605
04/17/08-90010-015 150.00

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	HILBERTH, KURT S
STREET ADDRESS	1242 ADAMS STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   _4-3-08_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #