

FILED  
Aug 10, 2007 8:00 am  
Secretary of State

07-09-2007 90042 045 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

7/5

<b>DOCUMENT # S19960</b>	
1. Entity Name ALVIN GOODMAN, P.A.	



Principal Place of Business 999 PONCE DE LEON BLVD SUITE 500 CORAL GABLES, FL 33134 US	Mailing Address 999 PONCE DE LEON BLVD SUITE 500 CORAL GABLES, FL 33134 US
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66020849



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0237593	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GOODMAN, ALVIN, ESQUIRE 999 PONCE DE LEON BLVD SUITE 500 CORAL GABLES, FL 33134	
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DO NOT WRITE  
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: Alvin Goodman (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, ALVIN, ESQUIRE 999 PONCE DE LEON BLVD STE 500 CORAL GABLES, FL 33134
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DO NOT WRITE  
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: Alvin Goodman 8/7/07 President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ATTACHMENT  
ALVIN GOODMAN, P.A.  
COUNSELOR AND ATTORNEY AT LAW

July 2, 2007

Division of Corporations  
P.O. Box 8800  
Tallahassee, Florida 32314

66020849  
# S 19960

Re: Annual Report

Dear Sir/Madam:

Enclosed please find my corporation's Annual Report for 2007 and \$150.00 filing fee.

Please be advised that I did not receive any prior Notice or the normal filing form in the mail this year as I have in the past. If you check my records you can see that I have always filed in a timely manner since the inception of my corporation. The first notice of any kind I have received this year was the Notice that the corporation would be dissolved for failure to file the annual report.

Please accept the enclosed as my filing of the annual Report for 2007.

Thank you for your time and attention.

Sincerely,

  
ALVIN GOODMAN, ESQUIRE

AG:jep