


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # S60307
 1. Entity Name
BENJAMIN R. SCHULMAN P.A.



Principal Place of Business 4340 SHERIDAN ST SECOND FLOOR HOLLYWOOD, FL 33021 US	Mailing Address 4340 SHERIDAN ST SECOND FLOOR HOLLYWOOD, FL 33021 US
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0269596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULMAN, BENJAMIN R
 4340 SHERIDAN ST. SECOND FLOOR
 HOLLYWOOD, FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

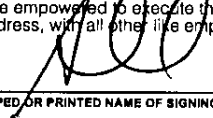
U00000915493
 05/09/08-80017-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SCHULMAN, BENJAMIN R 4340 SHERIDAN ST. SECOND FLOOR HOLLYWOOD, FL 33021
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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 info empowered.

SIGNATURE:  **4/23/08** **954 854 9449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #