2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S62638 1. Entity Name WINSTON K. LIPPERT ASSOCIATES, INC.							07 JUL 30 PM 1:44				
Principal Place 10930 S.W. 7 MIAMI, FL 33	TH STREET		Mailing Address 10930 S.W. 7TH STREET, #206 MIAMI, FL 33174			I INDICENSIA SI		RY OF S' SEE, FL	8 - Brok - Bright - Bright	(118) SI S AR I	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10930 SW 757. #20											
Suite, Apt. :	#, etc. <i>O G</i>		Suite, Apt. #, etc. ## 206			07172007	Chg-P	CR2E03	4 (12/06)		
City & State MIAMI, FL			City & Stale WIAWI, FL			4. FEI Numb 65-027				plied For t Applicable	
331°	3174 Country USA		33174			Certificate of Status Desired \$8.75 Additional Fee Required			itional		
6. Name and Address of Current Registered Agent Name							7. Name and Address of New Registered Agent SAME				
LIPPERT WINSTON N							er is Not Acceptat	ole)			
MIAMI, FL 33174											
					City			FL	Zip Code		
			r the purpose of changing i	ts register	l ed office or register	ed agent, or bo	th, in the State of F		miliar with, i	and accept	
the obligations of registered agent. 7/26/07											
SIGNATURE Signature, typikd or printed rising of registered upper and if the autobabble (NOTE Registance Agents gradulu required when remobiling) DATE											
FILE NOWIII FEE IS \$550.00											
10.		OFFICERS AND	DIRECTORS	11.			CHANGES TO OF			3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		WINSTON K V. 7TH STREET, #206 . 33174	☐ Delete	Delete TITLE NAMI STRE CITY		0 98.70	1 00107 17/07010	7 45 5: 54008	##158	Addition 3.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				E HE EFT ADDRESS '- ST- ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dele:e	E HE EET ADDRESS '+ ST + ZIP				☐ Change	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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 ecoporation 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 District Physical #											

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 17, 2007

WINSTON K. LIPPERT ASSOCIATES, INC. 10930 S.W. 7TH STREET, #206 MIAMI, FL 33174

SUBJECT: WINSTON K. LIPPERT ASSOCIATES, INC.

Ref. Number: S62638

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

If you have additional questions or need further assistance, please call (850) 245-6059.

Division of Corporations

Letter Number: 007A00045121

ENCLOSED IS CORPORATE OUBCK FOR \$158.75 PER ABOUT —

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