

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63920

FILED  
Feb 09, 2007  
Secretary of State

Entity Name: INFELD BARR C.P.A.'S, P.A.

## Current Principal Place of Business:

4621 HOLLYWOOD BLVD  
#100  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

5011 S STATE RD 7  
#107  
DAVIE, FL 33314

## Current Mailing Address:

4621 HOLLYWOOD BLVD  
#100  
HOLLYWOOD, FL 33021

## New Mailing Address:

5011 S STATE RD 7  
#107  
DAVIE, FL 33314

FEI Number: 65-0269640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WASSERSTROM, BARRY  
4621 HOLLYWOOD BLVD  
#100  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

WASSERSTROM, BARRY  
5011 S STATE RD 7  
#107  
DAVIE, FL 33314 US

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.

SIGNATURE:

02/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BARR, KAREN  
Address: 4621 HOLLYWOOD BLVD #100  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD ( ) Delete  
Name: WASSERSTROM, BARRY  
Address: 4621 HOLLYWOOD BLVD #100  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BARR, KAREN  
Address: 5011 S STATE RD 7 SUITE 107  
City-St-Zip: DAVIE, FL 33314

Title: VPD (X) Change ( ) Addition  
Name: WASSERSTROM, BARRY  
Address: 5011 S STATE RD 7 SUITE 107  
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN BARR

PD

02/09/2007

Electronic Signature of Signing Officer or Director

Date