
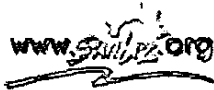


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90046 013 ***150.00

DOCUMENT # S98712 1. Entity Name ITZHAK BACHAR, P.A.			
Principal Place of Business 1400 NE MIAMI GARDEN DR. SUITE 219 MIAMI, FL 33179 US		Mailing Address 1400 NE MIAMI GARDEN DR. SUITE 219 MIAMI, FL 33179 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1400 NE Miami Garden Dr.		3. Mailing Address Suite, Apt. #, etc. 1400 NE Miami Dr.	
City & State Suite 219 North Miami Beach, FL		City & State suite 219 North Miami Beach, FL	
Zip 33179		Zip 33179	
Country FL		Country FL	
4. FEI Number 65-0301094		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACHAR, ITZHAK P 1400 NE MIAMI GARDENS DRIVE SUITE 219 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BACHAR, ITZHAK 1400 NE MIAMI GARDENS DR. SUITE 219 MIAMI, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>01/25/07</u> Daytime Phone # <u>(305) 652 1113</u>	



ATTACHMENT
40007514
Division of Corporations

Annual Report

Annual Report Help

Document Number

S98712

Business Entity Name

ITZHAK BACHAR, P.A.

FEI Number	650301094		
FEI Number Status	Listed Above	Applied For	Not Applicable
Certificate of Status Desired	Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution	Yes	No	

Principal Place of Business

Address 1400 NE MIAMI GARDEN DR.
 Suite, Apt. #, etc. SUITE 219
 City, State MIAMI, FL
 Zip Code & Country 33179 US

Mailing Address

Address 1400 NE MIAMI GARDEN DR.
 Suite, Apt. #, etc. SUITE 219
 City, State MIAMI, FL
 Zip Code & Country 33179 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) BACHAR, ITZHAK, P

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1400 NE MIAMI GARDENS DRIVE
 Suite, Apt. #, etc. SUITE 219
 City, State MIAMI, FL
 Zip Code & Country 33179 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

ATTACHMENT 40007514
#898712**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DP
Name (Last, First, Middle, Title) BACHAR , ITZHAK , ,
- OR -
Entity Name to serve as Officer/Director
Street Address 1400 NE MIAMI GARDENS DR. SUITE 2
City, State MIAMI , FL
Zip Code & Country 33179

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director
Street Address

ATTACHMENT 40007514
#S98712

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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