



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # V02599 1. Entity Name BRENNER & DIENSTAG, P.A.	
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Principal Place of Business 9200 S. DADELAND BLVD. SUITE 509 MIAMI, FL 33156	Mailing Address 9200 S. DADELAND BLVD. SUITE 509 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0319581	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

**DIENSTAG, MARK A
9200 S. DADELAND BLVD.
SUITE 509
MIAMI, FL 33156**

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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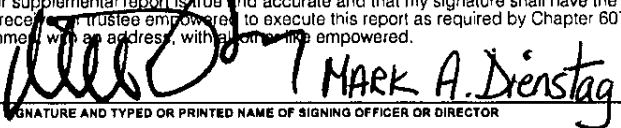
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIENSTAG, MARK A. 9200 S. DADELAND BLVD., SUITE 509 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNER, RICHARD M. 9200 S. DADELAND BLVD., SUITE 509 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/20/07-80005-023 150.00

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 recipient of the trust or the beneficiary of the trust, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with whom I am empowered.

SIGNATURE:  **MARK A. Dienstag** 3/6/07 305-670-7810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____