


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State


04-13-2007 90178 036 ***150.00

DOCUMENT # V02750	
1. Entity Name HENRY GOLDMAN, P.A.	

Principal Place of Business 3317 NW 10TH TERR STE 403 FORT LAUDERDALE, FL 33309 US	Mailing Address 8060 CLEARY BLVD #616 PLANTATION, FL 33324 US
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2. Principal Place of Business - No P.O. Box # 2201 N. PROSPECT RD	3. Mailing Address 8302 NW 59th CT
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc.

City & State FORT LAUDERDALE, FL	City & State TAMARAC, FLORIDA
Zip 33309	Zip 33321
Country USA	Country USA

	
04092007	Chg-P CR2E034 (12/06)
4. FEI Number 65-0307046	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 GOLDMAN, HENRY 8060 CLEARY BLVD #616 PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name HENRY GOLDMAN Street Address (P.O. Box Number is Not Acceptable) 8302 NW 59th CT City TAMARAC FL Zip Code 33321	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2007	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDMAN, HENRY 8060 CLEARY BLVD #616 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDMAN, HENRY 8302 NW 59th CT TAMARAC, FL 33321 <input checked="" 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:  **HENRY GOLDMAN** 04/09/07 954-557-0769
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #