
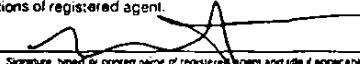



FILED
May 02, 2007 8:00 am
Secretary of State

4/1

04-17-2007 90058 023 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V29032 1. Entity Name MARTIN R. RAPPAPORT, C.P.A., P.A.		
Principal Place of Business 5521 N UNIVERSITY DR 203 CORAL SPRINGS, FL 33067 US		Mailing Address 5521 N UNIVERSITY DR 203 CORAL SPRINGS, FL 33067 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAPPAPORT, MARTIN R 5521 N UNIVERSITY DR, # 203 CORAL SPRINGS, FL 33067		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:  DATE: 04/25/07 <small>(NOTE: Registered Agent signature required when reinstating)</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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAPPAPORT, MARTIN R 5521 N UNIVERSITY DR, # 203 CORAL SPRINGS, FL 33067	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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>		04/27/07 954-255-3305 <small>Date Daytime Phone</small>

66012561



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0326545
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required