

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90028 001 \*\*\*246.25

<b>DOCUMENT # V37784</b>	
1. Entity Name <b>DENNIS E. WALD, P.A.</b>	



Principal Place of Business <del>1320 S. DIXIE HWY #450</del> <del>CORAL GABLES, FL 33146 US</del>	Mailing Address <del>1320 S. DIXIE HWY #450</del> <del>CORAL GABLES, FL 33146 US</del>
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**66002216**



2. Principal Place of Business - No P.O. Box # <b>5901 SW 74th Street</b>	3. Mailing Address <b>5901 SW 74th Street</b>
Suite, Apt. #, etc. <b>Suite 205</b>	Suite, Apt. #, etc. <b>Suite 205</b>
City & State <b>South Miami FL</b>	City & State <b>South Miami FL</b>
Zip <b>33143</b>	Zip <b>33143</b>

02282008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0340179</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALD, DENNIS E <del>1320 S. DIXIE HWY #450</del> <del>CORAL GABLES, FL 33146</del>		Name	
<b>5901 SW 74th Street</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>Suite 205</b>			
<b>South Miami FL 33143</b>		City	
		<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP WALD, DENNIS E. 1320 S. DIXIE HWY #450 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5901 SW 74th Street Suite 205</b> <b>South Miami FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WALD, JENNIFER 1320 S. DIXIE HWY #450 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5901 SW 74th Street Suite 205</b> <b>South Miami FL 33143</b>
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
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

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: *Dennis E. Wald* President 2/28/08 Date Daytime Phone # \_\_\_\_\_