


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2007 90159 049 \*\*\*150.00

<b>DOCUMENT # V44853</b>	
1. Entity Name JOSEPH A. GLICK, P.A.	

Principal Place of Business 9130 S. DADELAND BLVD. 1218 MIAMI, FL 33156 US	Mailing Address 9130 S. DADELAND BLVD. 1218 MIAMI, FL 33156 US
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2. Principal Place of Business - No P.O. Box # 7300 N. Kendall Drive	3. Mailing Address 7300 N. Kendall Drive
Suite, Apt. #, etc. 380	Suite, Apt. #, etc. 380
City & State Miami, Florida	City & State Miami, Florida
Zip 33156	Country

04102007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0342638

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

6. Name and Address of Current Registered Agent GLICK, JOSEPH A. 9130 S. DADELAND BLVD. SUITE 1218 MIAMI, FL 33156	
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7. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) 7300 N. Kendall Drive, Ste 380 City <u>Miami</u> FL Zip Code <u>33156</u>	
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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 4-10-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLICK, JOSEPH A. 9130 S DADELAND BLVD., #1218 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glick, Joseph A 7300 N. Kendall Drive, Ste 380 Miami, FL 33156 <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: [Signature] DATE 4-10-07 DAYTIME PHONE # 305-668-8311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR