

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48565

FILED
Mar 24, 2008
Secretary of State

Entity Name: BAKALAR & EICHNER, P.A.

Current Principal Place of Business:

150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 65-0343072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR, SUSAN P.
150 SOUTH PINE ISLAND ROAD
STE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAKALAR, SUSAN
Address: 150 SOUTH PINE ISLAND RD STE 540
City-St-Zip: PLANTATION, FL 33324

Title: V () Delete
Name: EICHNER, PAUL D
Address: 150 SOUTH PINE ISLAND RD STE 540
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN P. BAKALAR, ESQ.

MGR

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date