

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # V65953
 1. Entity Name
 SILVERMAN, WENDER, KOONIN, EPSTEIN, GARCIA & ROZENCWAIG, P.A.



Principal Place of Business Mailing Address
 21000 NE 28TH AVE 21000 NE 28TH AVE
 NORTH MIAMI BEACH, FL 33180 US NORTH MIAMI BEACH, FL 33180 US



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0357304 Not Applicable

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

6. Name and Address of Current Registered Agent
 SILVERMAN, BARRY J
 21000 NE 28TH AVE
 NORTH MIAMI BEACH, FL 33180

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 _____
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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SILVERMAN, BARRY J
STREET ADDRESS	21000 NE 28TH AVE
CITY-ST-ZIP	NORTH MIAMI BCH, FL
TITLE	PD
NAME	WENDER, STEPHEN S
STREET ADDRESS	21000 NE 28TH AVE
CITY-ST-ZIP	NORTH MIAMI BCH, FL
TITLE	D
NAME	KOONIN, MICHAEL M
STREET ADDRESS	2100 NE 28TH AVE
CITY-ST-ZIP	NORTH MIAMI BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/18/07-80042-005 150.00

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: *[Signature]* Stephen S Wender 1/16/07 305-937-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #