


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000047375 1. Entity Name MAX BRESLOW, CPA, P.A.	
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Principal Place of Business 1000 WEST ISLAND BLVD. #1007 AVENTURA FL 33160	Mailing Address 1000 WEST ISLAND BLVD. #1007 AVENTURA FL 33160
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent BRESLOW, MAX S 1000 WEST ISLAND BLVD. #1007 AVENTURA FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 65-1008054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	
TITLE	D <input type="checkbox"/> Delete
NAME	BRESLOW, MAX S
STREET ADDRESS	1000 WEST ISLAND BLVD. #1007
CITY- ST- ZIP	AVENTURA FL 33160
TITLE	PS <input type="checkbox"/> Delete
NAME	BRESLOW, MAX S
STREET ADDRESS	1000 WEST ISLAND BLVD #1007
CITY- ST- ZIP	MIAMI FL 33160
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000664716
CITY- ST- ZIP	03/22/07-80057-011 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Max S Breslow, MAX S BRESLOW, Sec'y 3/15/07 205-932-6121