


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90029 032 ***150.00

DOCUMENT # P99000058235

1. Entity Name
 2701 PROFESSIONAL BLDG., INC.



Principal Place of Business Mailing Address
 2701 NE 14TH ST CAUSEWAY, SUITE 2 2701 NE 14TH ST CAUSEWAY, SUITE 2
 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 11946 N. 144 Way Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

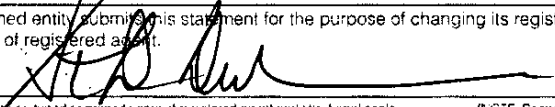
1st MOORE CR2E034 (10/07)

City & State Scottsdale AZ City & State
 Zip 85259 Country Zip Country

4. FEI Number 65-0942735 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PRADE, THOMAS J
 2701 NE 14TH ST CAUSEWAY, SUITE 2
 POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent
 Name Dubrow Duker + Associates PA
 Street Address (P.O./Box Number is Not Acceptable) 5401 N UNIVERSITY DR, SUITE 204
 City Coral Springs FL Zip Code 33067

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

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> Delete
NAME	PRADE, THOMAS J
STREET ADDRESS	2701 NE 14TH ST CAUSEWAY, SUITE 2
CITY-ST-ZIP	POMPANO BEACH FL 33062
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11946 N. 144th Way
CITY-ST-ZIP	Scottsdale AZ 85259
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	
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:  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #