


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 490721
 1. Entity Name
BECKER & POLIAKOFF, P.A.



Principal Place of Business Mailing Address
3111 STIRLING RD. **3111 STIRLING RD.**
FORT LAUDERDALE, FL 33312 **FORT LAUDERDALE, FL 33312**

DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1640708 Not Applicable

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

6. Name and Address of Current Registered Agent
LESSER, STEVEN B.
3111 STIRLING RD.
FT LAUDERDALE, FL 33312

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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 _____
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, 2006 Fee will be \$550.00

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

000000512556
 04/29/06-80093-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	POLIAKOFF, GARY, A
STREET ADDRESS	3111 STIRLING RD.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VD
NAME	BECKER, ALAN S.
STREET ADDRESS	3111 STIRLING RD.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	SD
NAME	LESSER, STEVEN B
STREET ADDRESS	3111 STIRLING ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **GARY A. POLIAKOFF** **4/17/06** **(954) 987-7550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #