


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90558 038 ***150.00

DOCUMENT # 521738					
1. Entity Name PACKMAN, NEUWAHL & ROSENBERG, P.A.					
Principal Place of Business 1500 SAN REMO AVE, #125 CORAL GABLES, FL 33146			Mailing Address 1500 SAN REMO AVE, #125 CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1712820	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEUWAHL, MALCOLM H 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146				Name Atrium Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue Suite 125 City Coral Gables FL 33146	
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: <i>Robert B. Stamen, VP</i> DATE: <i>2/2/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GINSBURG, DENNIS	NAME			
STREET ADDRESS	1500 SAN REMO AVE #125	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSENBERG, MICHAEL	NAME			
STREET ADDRESS	1500 SAN REMO AVE, #125	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP			
TITLE	DSP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEUWAHL, MALCOLM H	NAME			
STREET ADDRESS	1500 SAN REMO AVE, #125	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STAMEN, ROBERT A	NAME			
STREET ADDRESS	1500 SAN REMO AVE #125	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHARE, LESLIE A	NAME			
STREET ADDRESS	1500 SAN REMO AVE #125	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINKELMAN, JACK	NAME			
STREET ADDRESS	1500 SAN REMO AVE. #125	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Robert A. Stamen</i>			DATE: <i>4/13/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		
			DAYTIME PHONE # <i>(305) 665-3311</i>		

See next page

ATTACHMENT

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Officers and Directors:
Continuation

DVP
Mark R. Starkman
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146

DVP
Jose L. Nunez
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146

DVP
Shawn Wolf (addition)
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146