


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90094 028 ***150.00

DOCUMENT # 522259

1. Entity Name
ROBERT S. MANDEL, P.A.



Principal Place of Business Mailing Address

9700 S. DIXIE HIGHWAY **9700 S. DIXIE HIGHWAY**
SUITE 1020 **SUITE 1020**
MIAMI, FL 33156-7839 US **MIAMI, FL 33156-7839 US**

2. Principal Place of Business 3. Mailing Address

Mr. Robert S. Mandel **Mr. Robert S. Mandel**
9601 Collins Avenue **9601 Collins Avenue**
Apartment #1405 **Apartment #1405**

City City

Bal Harbour, FL 33154 **Bal Harbour, FL 33154**


Zip Country Zip Country

33154 **Miami-Dade** **33154** **Miami-Dade**

6. Name and Address of Current Registered Agent

MANDEL, ROBERT S ESQ
9700 SOUTH DIXIE HIGHWAY
SUITE 1020
MIAMI, FL 33156

04252005 Chg-P CR2E034 (10/03)



4. FEI Number Applied For

59-1705731 Not Applicable

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

7. Name and Address of New Registered Agent

Name **Mr. Robert S. Mandel**

Street Address **9601 Collins Avenue**
Apartment #1405

City **Bal Harbour, FL 33154** FL Zip Code

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 *Robert S. Mandel* **Robert S. Mandel** **April 25, 2005**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MANDEL, ROBERT S	
STREET ADDRESS	9700 S. DIXIE HIGHWAY, SUITE 1020	
CITY-ST-ZIP	MIAMI, FL 331562865	
TITLE	S	<input type="checkbox"/> Delete
NAME	MANDEL, RONA C	
STREET ADDRESS	9700 S. DIXIE HIGHWAY, SUITE 1020	
CITY-ST-ZIP	MIAMI, FL 331562865	
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. ADDITIONAL OFFICERS AND DIRECTORS IN 11

TITLE	Mr. Robert S. Mandel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9601 Collins Avenue	
STREET ADDRESS	Apartment #1405	
CITY-ST-ZIP	Bal Harbour, FL 33154	
TITLE	RONA Mr. Robert S. Mandel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9601 Collins Avenue	
STREET ADDRESS	Apartment #1405	
CITY-ST-ZIP	Bal Harbour, FL 33154	
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 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: *Robert S. Mandel* **Robert S. Mandel** **305-670-0671** **April 25, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #