2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 10, 2005 08:00 AM **Secretary of State DOCUMENT # 585568** 1. Entity Name LINDA G. HIRSCH, P.A. Principal Place of Business : 5,,, ~ Mailing Address 1232 PALERMO AV 1232 PALERMO AV CORAL GABLES, FL 33134-6327 CORAL GABLES, FL 33134-6327 01052005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1842307 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HIRSCH, LINDA G DO NOT WRITE 1232 PALERMO AVE. CORAL GABLES, FL 33134 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HIRSCH, LINDA G. NAME STREET ADDRESS 1232 PALERMO AVE. CITY-ST-ZIP CORAL GABLES, FL TITLE U00000175194 01/10/05-80039-024 150.00 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 Chapter 607, 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

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED