


**2006 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 677324**

1. Entity Name  
FREUND, KATZ, GOLDSTON, YOUNG & COMPANY, P.A.



Principal Place of Business 3111 UNIVERSITY DR STE 720 CORAL SPRINGS, FL 33065 US	Mailing Address 3111 UNIVERSITY DR STE 720 CORAL SPRINGS, FL 33065 US
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**DO NOT WRITE IN THIS SPACE**



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2005908	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEND, IRWIN  
3111 UNIVERSITY LN 702  
33065  
CORAL SPRINGS, FL 33071

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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**

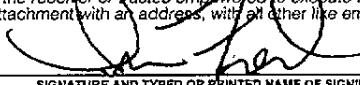
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDSTON, STEVEN 10729 SW 104 ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREUND, IRWIN B 3111 UNIVERSITY DR, STE 720 CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, STEVEN 10729 SW 104 ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATZ, MITCHELL 3111 UNIVERSITY DRIVE POMPANO BEACH, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000415781  
02/11/06-80034-005 150.00

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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:**  **3/31/06** (305) 279-1288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #