

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 08:00 A
Secretary of State

DOCUMENT # H66307

1. Entity Name
GROSSMAN, ROTH, OLIN, MEADOW, COHEN, YAFFA,
PENNEKAMP & COHEN, P.A.



Principal Place of Business
% NEAL A. ROTH
2665 SOUTH BAYSHORE DRIVE
MIAMI, FL 33133-5401

Mailing Address
% NEAL A. ROTH
2665 SOUTH BAYSHORE DRIVE
MIAMI, FL 33133-5401



07242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2560342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, NEAL A.
2665 SOUTH BAYSHORE DRIVE
MIAMI, FL 33133

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, NEAL A. 2665 SOUTH BAYSHORE DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROSSMAN, STUART Z. 2665 SOUTH BAYSHORE DR MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/24/06-80003-013 150.00

**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: Neal A. Roth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/06
Date

Daytime Phone #