2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 08:00 AM Secretary of State **DOCUMENT # J46198** 1. Entity Name MICHAEL GOLDBERG, P.A. Mailing Address Principal Place of Business % MICHAEL GOLDBERG % MICHAEL GOLDBERG 16855 NE 2ND AVE., SUITE 303 N. MIAMI BEACH, FL 33162 16855 NE 2ND AVE., SUITE 303 N. MIAMI BEACH, FL 33162 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2746511 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GOLDBERG, MICHAEL 16855 NE 2ND AVE., SUITE 303 N. MIAMI BEACH, FL 33162 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GOLDBERG, MICHAEL U00000293160 04/08/05-80017-020 150.00 STREET ADDRESS 16855 NE 2ND AVE., #303 CITY-ST-ZIP N. MIAMI BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CMY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Ambal Guerry

Dues

t/s/as 305-651-0407