

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K21057

1. Entity Name
RONALD G. FISHMAN & ASSOCIATES, INC.



Principal Place of Business

**120 SO UNIVERSITY DR
STE B
PLANTATION, FL 33324 US**

Mailing Address

**120 SO UNIVERSITY DR
STE B
PLANTATION, FL 33324 US**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0045681** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FISHMAN, RONALD G
120 SO UNIVERSITY DR
STE B
PLANTATION, FL 33324**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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**

**1100000422084
02/16/06-80064-012 150.00**

10. OFFICERS AND DIRECTORS:

TITLE **P**
NAME **FISHMAN, RONALD G.**
STREET ADDRESS **120 SO UNIVERSITY DR, STE B**
CITY - ST - ZIP **PLANTATION, FL**

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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: **RONALD G. FISHMAN** 2/3/06 - 370-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #