## 2006 FOR PROFIT CORPORATION

## **FILED** Jan 27, 2006 08:00 AM

ANNUAL REPORT	Secretary of State
DOCUMENT # K37284  1. Entity Name FLORIDA PROFESSIONAL ENTERPRISES, INC.	Secretary of State
Principal Place of Business  16855 NE 2ND AVENUE SUITE #303  N. MIAMI BCH, FL 33162  Mailing Address  16855 NE 2ND AVENUE SUIT  N. MIAMI BCH, FL 33162	
DO NOT WRITE IN THIS SPACE.  6. Name and Address of Current Registered Agent	01232006 No Chg-P CR2E034 (11/05)  4. FEI Number
GOLDBERG, MICHAEL 16855 NE 2 AVE 303 N. MIAMI BCH, FL 33162	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  Spoalure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).  DATE	
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution,	ancing \$5.90 May 8e
10. OFFICERS AND DIRECTORS  IJILE PD LEVINE, JACK STREET ADDRESS 16855 NE 2 AVE 303 CITY-SI-ZIP N. MIAMI BCH, FL  TITLE DST NAME GOLDBERG, MICHAEL STREET ADDRESS 16855 NE 2 AVE 303 CITY-SI-ZIP N. MIAMI BCH, FL  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP	U88888486257 02/07/06-80069-007 150.00 DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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: J

TITLE NAME STREET ADDRESS CITY-ST-ZIP

R OR DIRECTOR

X L/23/06 Dayuma Prons 9