2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2005 8:00 am Secretary of State

| Size Country Zip Country Size Country Size Country Size Satus Desired \$8.75 Additional Fee Required | DOCUMENT # P0000044823 1. Entity Name ADELSTEIN AND MATTERS, P.A. | | | | | | 05-16-2005 | 90198 049 ***1. | 50.00 | |
|--|---|---|-------------------------------|--------------------|-------------------------------|-------------------|----------------|-------------------------------|---|--|
| Suite, Apt. #, etc. Suite, Ap | 2929 SW 3R0 Suite 410 |) AVE. | 2929 SW 3RD AVE. Suite 410 | | | | | I ODIK BIBII DIEDE IDIKE NOOD | | |
| City & State Country S. Contlicate of Status Desired 8. Contilicate of Status Desired 8. To Additional Face Required ADELSTEIN, STUART 2792 SW SRD AVE. SUITE 410 MIAMI, FL 33129 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing First Fund Contribution. OFFICERS AND DIRECTORS IN 11 This MAKE ADELSTEIN, STUART Detrie Detrie MAKE ASSERT ADDRESS OTH-S1-2P ITIE MAKE SIRET AD | 2. Principal P | ace of Business | 3. Mailing Address | | | | | | | |
| Zip Country Zip Country S. Certificate of Status Desired S. S. TS Additional Pea Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADELSTEIN, STUART 2929 SW 3RD AVE. SUITE 410 MIAMI, FL 33129 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Companies Financing South Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE DADELSTEIN, STUART STREET ADDRESS OTH-ST-2IP ITILE D OBERS MAKE STREET ADDRESS OTH-ST-2IP ITILE MAKE STREET ADDRESS OTH-ST-2IP | | | Suite, Apt. #, etc. | | | 04292005 | Chg-P | CR2E034 (10/03) | | |
| 6. Name and Address of Current Registered Agont 7. Name and Address of New Registered Agent ADELSTEIN, STUART 2929 SW 3RD AVE. SUITE 410 MIAMI, FL 33129 City FL Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acc the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ADELSTEIN, STUART STREET ADDRESS CITY-ST-2P TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIME ADDITIONS/CHANGES OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICE | | | | | | | 382 | | pplied For ot Applicable | |
| ADELSTEIN, STUART SUITE 410 MIAMI, FL 33129 City FL Zip Code 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 acc the obligators of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ADELSTEIN, STUART STREET ADDRESS OTH-ST-ZIP ITILE D MATERS, MICHAEL STREET ADDRESS OTH-ST-ZIP ITILE MANGE STREET ADDRE | Zip | Country Zip Cour | | itry | 5. Certificate of | Status Desired | | | | |
| ADELSTEIN, STUART 2929 SW 3RD AVE. SUITE 410 MIAMI, FL 33129 City FL Zip Code 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 acc the obligations of registered agent. SIGNATURE Screause, hyped or printed rune of registered agent and title if applicable. (NOTE Registered Agent separative required registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the familiar with, and acc the familiar with, and | | | | | | | | | | |
| City FL Zip Code | 2929 SW 3 | IRD AVE. | . – | | | | | | | |
| 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 acc the obligations of registered agent. SIGNATURE Signature, hipsed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when remastating) DATE | | | | | | | | | | |
| the obligations of registered agent. SIGNATURE Signature Sig | | | | | City FL Zip Code | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTLE NAME ADELSTEIIN, STUART A461 BLOSSOM LANE FIT. LAUDERDALE, FL 33331 INTLE NAME MATTERS, MICHAEL STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP INTLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C | 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. | | | | | | | | | |
| After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. | SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE D ADELSTEIIN, STUART 4461 BLOSSOM LANE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33331 CITY-ST-ZIP TITLE D MATTERS, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | LIFE MOMIN LEE 19 2 190'00 | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE D MATTERS, MICHAEL STREET ADDRESS CITY-ST-ZIP MATTERS, MICHAEL STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS | | | | | | ADDITIONS/C | HANGES TO OFF | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | ADELSTEIIN, STUART 4461 BLOSSOM LANE | ☐ Delete | NAM STR | ME EET ADDRESS | | | ☐ Change | ☐ Addition | |
| NAME | NAME STREET ADDRESS | MATTERS, MICHAEL 13130 SW 104 AV | ☐ Delete | NAN Stri | AE EET ADDRESS | • | | ☐ Ctange | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | NAA Str | AE EET ADDRESS | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delata | NAN Str | AE EET ADDRESS | <u>-</u> · | | ☐ Change | ☐ Addilion | |
| | NAME STREET ADDRESS | | ☐ Delete | NAM Str | AE EET ADDRESS | | | ☐ Change | ☐ Addition | |
| NAME NAME STREET ADDRESS CITY-ST-ZIP 12. Hereby certify that the information supplied with this filling 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 of supplemental report if the and accurate and that my signature shall have the same legal effect as if made under oath; that I am as officer or direct or direct. | NAME STREET ADDRESS CITY-ST-ZIP | positive that the independent | | NAA STR CITY | ME EET ADDRESS Y-ST-ZIP | oolien 110 07/5// | Clasida Contra | | Addition | |

are and unating signature shall have the same legal effect as if made under oath; that I am an officer or director to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if empowered. of the corporation or the receiver o changed, or on an attachment with