## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P02000066185** 01-27-2005 90057 021 \*\*\*150.00 1. Entity Name WENDY LEVY JACKSON, P.A. Mailing Address Principal Place of Business 50007464 14585 S.W. 85TH AVE 14585 S.W. 85TH AVE MIAMI, FL 33158 MIAMI, FL 33158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 CR2E034 (10/03) Chg-P Applied For City & State 4. FFI Number City & State 01-0719083 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUBIN, RON SINGER, JESSE T Street Address (P.O. Box Number is Not Acceptable) ONE DATRAN CENTER, SUITE 901 2699 SOUTH BAYSHORE DRIVE STE 400 MIAMI, FL 33133 9100 S. DADELAND BOULEVARD City MIAMI 8. The above named entity submits this statement for the purpose of changing its egistered office or egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. RONALD RUBIN Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE NAME LEVY, ADAM NAME 14585 S.W. 85TH AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33158 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CMY-ST-ZIP Change ☐ Addition □ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP - --12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 gath; that I am an officer or director of the corporation or the receiver or trusted 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 addless, with all other like empowered. SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICED OF

FILED

Jan 27, 2005 8:00 am