


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90264 037 \*\*\*150.00

**DOCUMENT # P03000011046**

1. Entity Name  
**MICHAEL J. SCHLESINGER, P.A.**



Principal Place of Business  
**10102 HIDDEN PLACE  
 MIAMI, FL 33156**

Mailing Address  
**10102 HIDDEN PLACE  
 MIAMI, FL 33156**

2. Principal Place of Business  
**501 BRUCKEL KEY DRIVE  
 SUITE, Apt. #, etc.  
 SUITE 506  
 City & State  
 MIAMI, FL**

3. Mailing Address  
**501 BRUCKEL KEY DRIVE  
 SUITE, Apt. #, etc.  
 SUITE 506  
 City & State  
 MIAMI, FL**



04122005 Chg-P CR2E034 (10/03)

4. FEI Number  
**85-0487938**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCHLESINGER, MICHAEL J  
 10102 HIDDEN PLACE  
 MIAMI, FL 33156**

7. Name and Address of New Registered Agent  
 Name  
**SCHLESINGER, MICHAEL J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**501 BRUCKEL KEY DRIVE, SUITE 506**  
 City  
**MIAMI** FL Zip Code  
**33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES SCHLESINGER, MICHAEL J 10102 HIDDEN PLACE MIAMI, FL 33156</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. SCHLESINGER, MICHAEL J. 501 BRUCKEL KEY DRIVE, SUITE 506 MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **04/22/05** **(305) 373 8993**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #