

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90380 045 ***150.00

DOCUMENT # P03000114912
 1. Entity Name
 RICHARD CHARLES WOLFE, P.A.



Principal Place of Business
 550 BRICKELL AVE., PENTHOUSE
 MIAMI, FL 33131

Mailing Address
 550 BRICKELL AVE., PENTHOUSE
 MIAMI, FL 33131

60023030

2. Principal Place of Business
 100 S.E. Second Street
 Suite, Apt. #, etc. Suite 3300
 City & State Miami, FL
 Zip 33131 Country USA

3. Mailing Address
 100 SE Second Street
 Suite, Apt. #, etc. Suite 3300
 City & State Miami, FL
 Zip 33131 Country USA



02012006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0307198 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 WOLFE, RICHARD C ESQ
 550 BRICKELL AVE., PENTHOUSE
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 *[Signature]* DATE 2/1/06

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, RICHARD C 550 BRICKELL AVE., PENTHOUSE MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 SE Second Street Suite 3300 Miami, FL 33131
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 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: *[Signature]* Date 3/29/06 Daytime Phone #