


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90003 045 ***150.00

DOCUMENT # P04000165547 1. Entity Name SANDRA E GOLDBERG, P.A.			
Principal Place of Business 12 LAKEPOINTE CIR KISSIMMEE, FL 34743		Mailing Address 12 LAKEPOINTE CIR KISSIMMEE, FL 34743	
2. Principal Place of Business 2212 WANDERING OAK TERR Suite, Apt. #, etc.		3. Mailing Address 2212 WANDERING OAK TERR Suite, Apt. #, etc.	
City & State KISSIMMEE, FLORIDA Zip 34746 Country U.S.A.		City & State KISSIMMEE, FLORIDA Zip 34746 Country U.S.A.	
4. FEI Number 20-1997849		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GOLDBERG, SANDRA E 12 LAKEPOINTE CIR KISSIMMEE, FL 34743		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 accept the obligations of registered agent. SIGNATURE <u><i>Sandra E. Goldberg</i></u> 8/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLDBERG, SANDRA E 12 LAKEPOINTE CIR KISSIMMEE, FL 34743 <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: <u><i>Sandra E. Goldberg</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8/15/05</u> <small>Date Daytime Phone #</small>	

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