


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90044 038 ***150.00

DOCUMENT # P0500000601			
1. Entity Name SHARON NEWMAN GOLDBLATT, P A			
Principal Place of Business 11020 LIGHTHOUSE CT TAMARAC, FL 33321		Mailing Address 11020 LIGHTHOUSE CT TAMARAC, FL 33321	
2. Principal Place of Business 7362 NW 62nd Terr Parkland, FL City & State		3. Mailing Address 7362 NW 62nd Terr Parkland FL City & State	
Zip: 33067 Country: USA		Zip: 33067 Country: USA	
4. FEI Number 20-2096100		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NEWMAN GOLDBLATT, SHARON 11020 LIGHTHOUSE CT TAMARAC, FL 33321		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: _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE: _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete	NAME: NEWMAN GOLDBLATT, SHARON	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 11020 LIGHTHOUSE CT	CITY-STATE-ZIP: TAMARAC, FL 33321	NAME:	
TITLE: VP <input type="checkbox"/> Delete	NAME: GOLDBLATT, JODY	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 11020 LIGHTHOUSE CT	CITY-STATE-ZIP: TAMARAC, FL 33321	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-STATE-ZIP:	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-STATE-ZIP:	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-STATE-ZIP:	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-STATE-ZIP:	NAME:	
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: <i>Sharon Newman Goldblatt</i>		Date: 1-18-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 754-246-7363	

Sharon Newman Goldblatt, President