


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90380 043 ***150.00

DOCUMENT # P05000019428

1. Entity Name
WOLFE & GOLDSTEIN, P.A.



Principal Place of Business Mailing Address

550 BRICKELL AVENUE, PENTHOUSE SUITE **550 BRICKELL AVENUE, PENTHOUSE SUITE**
MIAMI, FL 33131 **MIAMI, FL 33131**


2. Principal Place of Business 3. Mailing Address

100 SE Second Street **100 SE Second Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 3300 **Suite 3300**
 City & State City & State
Miami, FL **Miami, FL**

Zip Country Zip Country

33131 **USA** **33131** **USA**

02012006 Chg-P CR2E034 (11/05)



4. FEI Number Applied For
20-2274849 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 AVENUE, PENTHOUSE SUITE
MIAMI, FL 33131
100 SE Second Street, Suite 3300
Miami, FL 33131

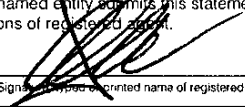
7. Name and Address of New Registered Agent

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:  DATE: **2/1/06**

(NOTE: Registered Agent signature required when reinstating)

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

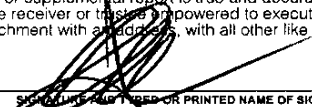
10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	WOLFE, RICHARD C
STREET ADDRESS	550 BRICKELL AVENUE PENTHOUSE SUITE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP <input type="checkbox"/> Delete
NAME	GOLDSTEIN, MARK
STREET ADDRESS	550 BRICKELL AVENUE PENTHOUSE SUITE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 S.E. Second Street
STREET ADDRESS	Suite 3300
CITY-ST-ZIP	Miami, FL 33131
TITLE	100 S.E. Second Street <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 3300
STREET ADDRESS	Miami, FL 33131
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 addresses, with all other like empowered.

SIGNATURE:  DATE: **2/2/06** Daytime Phone #