

2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/19/2006-90002-032-\$150.00-\$150.00

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FILED

06 OCT 10 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000045759			
1. Entity Name LISA A. GERTZMAN, P.A.			
Principal Place of Business 2015 SOUTHEAST 10TH AVE., SUITE 107 FT. LAUDERDALE, FL 33316		Mailing Address 2015 SOUTHEAST 10TH AVE., SUITE 107 FT. LAUDERDALE, FL 33316	
2. Principal Place of Business 1906 SW 23 ST Suite, Apt. #, etc.		3. Mailing Address 1906 SW 23 ST Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33315	Country USA	Zip 33315	Country USA
4. FEI Number 52-2456078		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 reissuing) DATE _____			
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	PSTD GERTZMAN, LISA A 2015 SOUTHEAST 10TH AVE., SUITE 107 FT. LAUDERDALE, FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Lisa Gertzman</u>		5/1/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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Lisa Gertzman, P.A.

1906 SW 23rd Street
Ft. Lauderdale, FL 33315

October 5, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500
Reference number: P05000045759

To Whom it may Concern:

This letter is in response to a phone call I made today to your division regarding the 400.00 late fee charged to my corporation. Customer service advised me to send this letter along with the attached forms explaining that I did not receive my bill on time to make the May 1st deadline because it was sent to the wrong address. The correct address is 1906 SW 23rd Street, Ft. Lauderdale, FL 33315. Due to this mistake, the bill was not forwarded to me for some time, making it impossible to reach you by the May 1st date. Today was the first day that I was able to reach someone by phone to address this matter. Please waive the late fee, as I have already sent in my 150.00, and update my address. Thank you for your time. If you have any questions regarding this matter, please contact me at 954-415-5343.

Sincerely,

A handwritten signature in black ink that reads "Lisa Gertzman". The signature is fluid and cursive, with a large loop at the end of the last name.

Lisa Gertzman
President