2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: >

## Mar 08, 2006 8:00 am Secretary of State DOCUMENT # P05000139313 1. Entity Name 02-20-2006 90056 018 \*\*\*150.00 ROSA E. LOFER, P.A. Principal Place of Business Mailing Address 21055 YACHT CLUB DR 21055 YACHT CLUB DR UNIT 1704 AVENTURA FL 33180 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARCUS, ALAN J Street Address (P.O. Box Number is Not Acceptable) 20803 BISCAYNE BLVD SUITE 301 **AVENTURA FL 33180** City 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. (NOTE: Registored Agent argreture recurred when roussaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BILE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOFER, ROSA E NAME STREET ADDRESS 21055 YACHT CLUB DR. #1704 STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-SI-ZIP TITI F ☐ Delete ☐ Change Addition HAVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Dist ☐ Defete fitti F ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Add-lion NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST- NP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Institute empowered to execute this apont as required by Chapter 607. Elected Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment within address, with all other like empowered.

FILED



February 22, 2006

ROSA E. LOFER, P.A. 21055 YACHT CLUB DR UNIT 1704 AVENTURA, FL 33180

Subject: ROSA E. LOFER, P.A.

Reference Number:

P05000139313

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

SEE ACKER

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be

answered in the order it is received.

/MH ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314