2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 08:00 AM Secretary of State

DOCUMENT # P9200004287 1. Entity Name STUART L. RUBIN AND ASSOCIATES, P.A.						
Principal Place of Business	Mailing Address					
2700 W CYPRESS CREEK RD SUITE C-110 FT LAUDERDALE, FL 33309	2700 W CYPRESS CREEK RD SUITE C-110 US FT LAUDERDALE, FL 33309	US				

STUART L. RUBIN AND ASSOCIATES, P.A.						
2700 W CYP SUITE C-110	e of Business RESS CREEK RD)) ALE, FL 33309 US	Mailing Address 2700 W CYPRESS CREEK RD SUITE C-110 FT LAUDERDALE, FL 33309	บร			
DO NOT WRITE IN THIS SPACE			01032005 4. FEI Numb 65-036 5. Certificate			
6. Name and Address of Current Registered Agent RUBIN, STUART L CPA 2700 W CYPRESS CREEK RD SUITE C-110 FT LAUDERDALE, FL 33309		DO NOT WRITE IN THIS SPACE				
6. 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						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE Registere	nd Agent signasure required	when reinstaling)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	Election Campaign Finar Trust Fund Contribution.		00 May Be ad to Fees		
10.	,	ID DIRECTORS		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUBIN, STUART L CPA STREET ADDRESS 2700 W CYPRESS CREEK RD STE C110			U00000189798		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000189798 81/24/05-80110-002 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Market State Control of the Control		_ DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.34,257		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s				
	ertify that the information supplied w	ith this filling does not qualify for the exer	mption stated in Sec	tion 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:

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