


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000024286
 1. Entity Name
BLECKER & LEWINGER, P.A.



Principal Place of Business Mailing Address
6600 N. ANDREWS AVE #306 FT LAUDERDALE, FL 33309 US **6600 N. ANDREWS AVE #306 FT LAUDERDALE, FL 33309 US**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)
 4. FEI Number **65-0475980** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEWINGER, RICK
6600 N. ANDREWS AVE #306
FORT LAUDERDALE, FL 33309

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLECKER, STEVE
STREET ADDRESS	6600 N. ANDREWS AVE #306
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	LEWINGER, RICK
STREET ADDRESS	6600 N. ANDREWS AVE #306
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 regular 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:  **RICK LEWINGER** Date **1/10/05** Daytime Phone # **954 493 6500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR