


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90286 030 \*\*\*150.00

**DOCUMENT # P97000009439**

1. Entity Name  
 MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A.



Principal Place of Business 3230 STIRLING ROAD STE 1 HOLLYWOOD, FL 33021	Mailing Address 3230 STIRLING ROAD STE 1 HOLLYWOOD, FL 33021
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**60025571**



03272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 4040 Sheridan Street Suite, Apt. #, etc.	3. Mailing Address 4040 Sheridan Street Suite, Apt. #, etc.
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City & State Hollywood, Florida	City & State Hollywood, Florida	4. FEI Number 65-0721778	Applied For Not Applicable
Zip 33021	Country USA	Zip 33021	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

MILGRIM, LAURIE E  
 MORRIS ENGELBERG & LAURIE E MILGRIM, P.A.  
 3230 STERLING RD STE 1  
 HOLLYWOOD, FL 33021

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
 4040 Sheridan Street

City  
 Hollywood

State  
 FL

Zip Code  
 33021

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 Laurie E. Milgrim, Esq. *Laurie E. Milgrim* 03/27/2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS ENGELBERG, MORRIS 3230 STIRLING ROAD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MILGRIM, LAURIE E 3230 STIRLING ROAD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4040 Sheridan Street Hollywood, Florida 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4040 Sheridan Street Hollywood, Florida 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Laurie E. Milgrim Laurie E. Milgrim, Director 03/27/2006 954-966-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #