2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

ANNUAL REPORT Apr 08, 2005 08:00 AM Secretary of State **DOCUMENT # P97000012458** 1. Entity Name ERIC L. GLAZER, P.A. Principal Place of Business Mailing Address 2300 CORPORATE BLVD. NW 2300 CORPORATE BLVD. NW SUITE 232 SUITE 232 BOCA RATON, FL 33431 _ US BOCA RATON, FL 33431 US 03092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4 FELNumber 65-0725519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GLAZER, ERIC L 2300 CORPORATE BLVD. NW IN THIS SPACE **SUITE 232** BOCA RATON, FL 33431 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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE GLAZER, ERIC NAME 2300 CORPORATE BLVD NW, SUITE 232 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 TITLE U0000029384U 04/08/05-80045-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of 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 readjver 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 attaching hit with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED