2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 600277

1. Entity Name
RICHMAN GREER WEIL BRUMBAUGH MIRABITO AND CHRISTENSEN, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
MIAMI CENTER 201 S. BISCAYNE BLVD., 10 FLOOR MIAMI, FL 33131 US	MIAMI CENTER 201 S. BISCAYNE BLVD., 10 FLOOR MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1172536
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHMAN, GERALD F
MIAMI CENTER
201 SOUTH BISCAYNE BLVD., 10 FLOOR
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	RICHMAN, GERALD F.
STREET ADDRESS	MIAMI CENTER, 201 S. BISCAYNE BLVD., 10 FL
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	WEIL, KENNETH J
STREET ADDRESS	MAIMI CENTER, 201 S. BISCAYNE BLVD, 10 FL
CITY-ST-ZIP	MIAMI, FL
TITLE	SDVP
NAME	BRUMBAUGH, JOHN M.
STREET ADDRESS	MIAMI CENTER, 201 S. BISCAYNE BLVD., 10 FL
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	GREER, ALAN G
STREET ADDRESS	MIAMI CENTER, 201 S. BISCAYNE BLVD, 10 FLO
CITY-ST-ZIP	MIAMI, FL
TITLE	AVP
NAME	MIRABITO, ANDREW J
STREET ADDRESS	201 S. BISCAYNE BLVD. 10 FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	AVP
NAME	CHRISTENSEN, BRUCE A
STREET ADDRESS	201 S. BISCAYNE BLVD. 10 FLOOR
CITY-ST-ZIP	MIAMI, FL 33131

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04/21/06-80018-022 150.00

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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: _____ 4/4/06 305-373-4015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #