·2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 408205

1. *Entity Name*
HOWARD PERRY ROTHBERG II, INC.

Principal Place of Business	Mailing Address
1330 W 29TH ST P.O. BOX 3307 MIAMI BCH, FL 33140	1330 W 29TH ST P.O. BOX 3307 MIAMI BCH, FL 33140

DO NOT WRITE IN THIS SPACE

01172005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-1423732	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ROTHBERG, HOWARD PERRY II
1330 W 29TH ST
MIAMI BCH, FL 33140

DO NOT WRITE IN THIS SPACE

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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

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

IInnnnnn226815
02/12/05-80031-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROTHBERG, HOWARD P II
STREET ADDRESS	1330 W 29TH ST.
CITY-ST-ZIP	MIAMI BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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 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: X_____   10 Feb 05   305-534-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #