

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 494493
1. Entity Name
ROSENBERG, MURRAY, C.P.A. P.A.



Principal Place of Business
**2500 EAST HALLANDALE BEACH
707K
HALLANDALE FL 33009**

Mailing Address
**2500 EAST HALLANDALE BEACH
707K
HALLANDALE FL 33009**



2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.
707K

Suite, Apt. #, etc.
Same

City & State
Same

City & State
Same

Zip
Same

Country
USA

Zip
33009

Country
USA

1st MOORE CR2E034 (10/05)

4. FEI Number
59-1643107

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ROSENBERG, MURRAY
2500 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENBERG, MURRAY 4001 S OCEAN DR HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 Section 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: Murray Rosenberg 2/9/06 954-458-3332