## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 27, 2006 08:00 AM Secretary of State

	$\Box$	$\cap$		1 (	٨	ΛI	=(	N٢	Γ£	£ 5	21	12	2	2
П	u	w	U	LJ	и	/11	- 1	v			_	_	_	•

1. Entity Name ROBBINS, TUNKEY, ROSS, AMSEL, RABEN & WAXMAN, P  $\Delta$ 

Principal Place of Business

SIGNATURE:

Mailing Address

% 2250 SOUTHWEST THIRD AVENUE MIAMI, FL 33129

% 2250 SOUTHWEST THIRD AVENUE MIAMI, FL 33129



DO NOT WRITE IN THIS SPACE

01062006	No Chg-P	CR2E034 (11/05)				
4. FEI Number			Applied For			
_ 59-1709	242		Not Applicable			

5. Certificate of Status Desired

\$8.75 Additional Fee Required

	6. Name and Address of Current Regist	ered Ågent	1				
	WILLIAM FHIRD AVENUE 33129-2045		DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the pitons of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable [NOTE Registere	d Agent signature required when reinstating)  DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	U00000403312 02/06/06-80002-003 150.00		
10.	OFFICERS AND DIREC	TORS	1 ,		<del></del>		
TITLE NAME STREET ADDRESS	SD ROSS, ALAN 2250 S W THIRD AVE						
CITY ST-ZIP	MIAMI, FL 00000,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO ROBBINS, FRED 2250 S W THIRD AVE MIAMI, FL 00000,						
TITLE NAME STREET ADDRESS CITY: ST-ZIP	PD TUNKEY, WILLIAM 2250 S W THIRD AVE MIAMI, FL 00000,		DO NOT WRITE				
NAME STREET ADDRESS CHY-ST-ZIP	VP AMSEL, ROBERT G 2250 SW 3RD AVE MIAMI, FL	IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY: ST-ZIP	VP RABEN, DAVID 2250 SW 3RD AVE MIAMI, FL		· · · · · · · · · · · · · · · · · · ·				
UTLE NAME STREET ADDRESS CITY-ST-ZIP							
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 faceiver 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 attackment withland address, with all other like empowered.							