
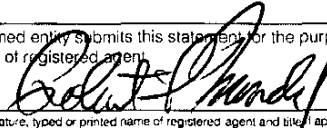
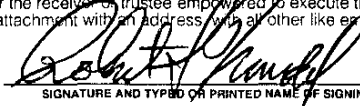


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90094 028 \*\*\*150.00

|   |                                   |   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
|---|-----------------------------------|---|---|--|---|------|------------------|--|----------------|-----------------------------------|--|-------------|---------------------|--|---|--|--|-------|---------------------------|--|------|---------------------|--|----------------|-----------------|--|-------------|-----------------------|--|
| <b>DOCUMENT # 522259</b><br>1. Entity Name<br><b>ROBERT S. MANDEL, P.A.</b>   |                                   |   |   |   |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| Principal Place of Business<br><b>9700 S. DIXIE HIGHWAY<br/>SUITE 1020<br/>MIAMI, FL 33156-7839 US</b>  |                                   |   | Mailing Address<br><b>9700 S. DIXIE HIGHWAY<br/>SUITE 1020<br/>MIAMI, FL 33156-7839 US</b>                          |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| 2. Principal Place of Business<br><b>Mr. Robert S. Mandel<br/>9601 Collins Avenue<br/>Apartment #1405<br/>Bal Harbour, FL 33154</b>   |                                   | 3. Mailing Address<br><b>Mr. Robert S. Mandel<br/>9601 Collins Avenue<br/>Apartment #1405<br/>Bal Harbour, FL 33154</b> |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| City<br><b>Bal Harbour, FL 33154</b>  |                                   | City<br><b>Bal Harbour, FL 33154</b>  |   | 4. FEI Number<br><b>59-1705731</b>   |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| Zip<br><b>33154</b>   |                                   | Country<br><b>Miami-Dade</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| 6. Name and Address of Current Registered Agent<br><b>MANDEL, ROBERT S ESQ<br/>9700 SOUTH DIXIE HIGHWAY<br/>SUITE 1020<br/>MIAMI, FL 33156</b>  |                                   |   |   | 7. Name and Address of New Registered Agent<br><b>Mr. Robert S. Mandel<br/>9601 Collins Avenue<br/>Apartment #1405<br/>Bal Harbour, FL 33154</b> |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| 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.<br>SIGNATURE  <b>Robert S. Mandel</b> <b>April 25, 2005</b><br><small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |                                   |   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                                   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MANDEL, ROBERT S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9700 S. DIXIE HIGHWAY, SUITE 1020</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 331562865</td> <td></td> </tr> </table>   |                                   |   | TITLE   | PD   | <input type="checkbox"/> Delete                                   | NAME | MANDEL, ROBERT S |  | STREET ADDRESS | 9700 S. DIXIE HIGHWAY, SUITE 1020 |  | CITY-ST-ZIP | MIAMI, FL 331562865 |  | 11. ADDITIONAL NAMES AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">Mr. Robert S. Mandel</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>9601 Collins Avenue</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Apartment #1405</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Bal Harbour, FL 33154</td> <td></td> </tr> </table> |  |  | TITLE | Mr. Robert S. Mandel      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 9601 Collins Avenue |  | STREET ADDRESS | Apartment #1405 |  | CITY-ST-ZIP | Bal Harbour, FL 33154 |  |
| TITLE   | PD                                | <input type="checkbox"/> Delete   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| NAME  | MANDEL, ROBERT S                  |   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| STREET ADDRESS  | 9700 S. DIXIE HIGHWAY, SUITE 1020 |   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| CITY-ST-ZIP   | MIAMI, FL 331562865               |   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| TITLE   | Mr. Robert S. Mandel              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| NAME  | 9601 Collins Avenue               |   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| STREET ADDRESS  | Apartment #1405                   |   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
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| NAME  | MANDEL, RONA C                    |   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
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| 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. |                                   |   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |
| <b>SIGNATURE:</b>  <b>Robert S. Mandel</b> <b>305-670-0671</b> <b>April 25, 2005</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                                   |   |   |  |   |      |                  |  |                |                                   |  |             |                     |  |   |  |  |       |                           |  |      |                     |  |                |                 |  |             |                       |  |