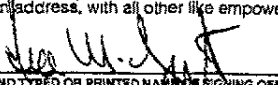


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 539912 1. Entity Name BUCHBINDER & ELEGANT, P.A.					
Principal Place of Business 46 S W FIRST STREET 4TH FLOOR MIAMI, FL 33130		Mailing Address 46 S W FIRST STREET 4TH FLOOR MIAMI, FL 33130			
DO NOT WRITE IN THIS SPACE					
				 01272005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1751002		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent				DO NOT WRITE IN THIS SPACE	
ELEGANT, IRA M ESQ 46 S W FIRST STREET 4TH FLOOR MIAMI, FL 33130					
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000225497 02/11/05-80039-025 150.00			
TITLE	VS				
NAME	ELEGANT, IRA M				
STREET ADDRESS	46 S W FIRST ST 4TH FLR				
CITY-STATE-ZIP	MIAMI, FL				
TITLE	PT				
NAME	BUCHBINDER, HARRIS J				
STREET ADDRESS	46 S W FIRST ST 4TH FLR				
CITY-STATE-ZIP	MIAMI, FL				
TITLE					
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-STATE-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:  V. Pres		2.8.05		305.358.1515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	