


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 553773 1. Entity Name MALLAH, FURMAN & COMPANY, P.A.	
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Principal Place of Business 1001 BRICKELL BAY DR STE 1400 MIAMI, FL 33131 US	Mailing Address 1001 BRICKELL BAY DR STE 1400 MIAMI, FL 33131 US
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02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1765543	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSENBAUM, DAVID P
1001 BRICKELL BAY DR
STE 1400
MIAMI, FL 33131

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSENBAUM, DAVID P
STREET ADDRESS	1001 BRICKELL BAY DR STE 1400
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	ROSE, BARRY R
STREET ADDRESS	1001 BRICKELL BAY DRIVE STE 1400
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	GOLDSTEIN, HOWARD L
STREET ADDRESS	1001 BRICKELL BAY DRIVE STE 1400
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	ST
NAME	DIX, GARY W
STREET ADDRESS	1001 BRICKELL BAY DR., STE. 1402
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/05-80016-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #