

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 554344**

1. Entity Name  
KURZBAN, KURZBAN & WEINGER, P.A.



Principal Place of Business

2650 S.W. 27TH AVE.,  
2ND FLOOR  
MIAMI, FL 33133

Mailing Address

2650 S.W. 27TH AVE.,  
2ND FLOOR  
MIAMI, FL 33133



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1778659

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KURZBAN, IRA J.  
KURZBAN, KURZBAN & WEINGER P.A.,  
2650 SW 27TH AVE., 2ND FL.,  
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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000395257  
01/26/06-80043-010 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
WEINGER, STEVEN M  
2650 SW 27TH AVE. 2ND FL  
MIAMI, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
KURZBAN, IRA J  
2650 SW 27TH AVE. 2ND FL  
MIAMI, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
KURZBAN, MARVIN  
2650 SW 27TH AVE. 2ND FL  
MIAMI, FL 0,

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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 #

01/17/06 (305)  
554-0060