

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 572586

1. Entity Name

M.R. FRIEDMAN & G.A. FRIEDMAN, P.A.



Principal Place of Business

2600 DOUGLAS ROAD
DOUGLAS CENTRE-SUITE 1011
CORAL GABLES FL 33134-3119

Mailing Address

2600 DOUGLAS ROAD
DOUGLAS CENTRE-SUITE 1011
CORAL GABLES FL 33134-3119



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1822753**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, MARVIN R
2600 DOUGLAS ROAD
DOUGLAS CENTRE-SUITE 1011
CORAL GABLES FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	FRIEDMAN, MARVIN R	
STREET ADDRESS	2600 DOUGLAS RD	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	SD	☐ Delete
NAME	FRIEDMAN, GARY A	
STREET ADDRESS	2600 DOUGLAS RD	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY - ST - ZIP	

U00000571244
07/19/06-80009-014 158.75

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 #

7/17/06 305-446-6485