

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 596779**

1. Entity Name  
**MICHAEL A. RUBIN, P.A.**



Principal Place of Business  
**420 SOUTH DIXIE HWY  
SUITE 4B  
CORAL GABLES, FL 33146**

Mailing Address  
**420 SOUTH DIXIE HWY  
SUITE 4B  
CORAL GABLES, FL 33146**



02062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1865672</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUBIN, MICHAEL A  
420 SOUTH DIXIE HWY  
SUITE 4B  
CORAL GABLES, FL 33146**

**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 reissuing)

000000421245

**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

02/20/06-80075-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PVD
NAME	RUBIN, MICHAEL A
STREET ADDRESS	420 S DIXIE HWY, STE 4B
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	STD
NAME	RUBIN, DEBRA M
STREET ADDRESS	420 S DIXIE HWY, STE 4B
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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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:** *X Michael Rubin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/7/06* (305) 441-1029  
Date Daytime Phone #