


**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. |  |
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|--|--|
| 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 |
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 59-1865672 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 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 reinstating)

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

00000421245
02/20/06-80075-021 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVD RUBIN, MICHAEL A 420 S DIXIE HWY, STE 4B CORAL GABLES, FL 33146 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD RUBIN, DEBRA M 420 S DIXIE HWY, STE 4B CORAL GABLES, FL 33146 |
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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* 2/7/06 (305) 441-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #