2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 600277

1. Entity Name

RICHMAN GREER WEIL BRUMBAUGH MIRABITO AND CHRISTENSEN, PROFESSIONAL ASSOCIATION



Principal Place of Business

SIGNATURE:

MIAMI CENTER 201 S. BISCAYNE BLVD., 10 FLOOR MIAMI, FL 33131 US Mailing Address

MIAMI CENTER 201 S. BISCAYNE BLVD., 10 FLOOR MIAMI, FL 33131 US 50011212

FILED Feb 07, 2005 8:00 am

Secretary of State

02-07-2005 90092 039 ***150.00

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No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1172536

Applied For Not Applicable

5._Certificate of Status Desired ____

\$8.75 Additional

6. Name and Address of Current Registered Agent

RICHMAN, GERALD F MIAMI CENTER 201 SOUTH BISCAYNE BLVD., 10 FLOOR MIAMI, FL 33131

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	named entity submits this statement for the pons of registered agent.	urpose of changing its regist	tered office or re	gistered agent, or b	ooth, in the State o	f Florida. I am familiar	with, and accept
SIGNATURE Signature, typed or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reimstating) DATE							
FILE NOWILL FEE 19 9 100 100 1		Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	T.	TRANS.		,	7. *
IITLE NAME STREET ADDRESS CITY-ST-ZIP	PD . RICHMAN, GERALD F. MIAMI CENTER, 201 S. BISCAYNE B MIAMI, FL	LVD., 10 FL		•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEIL, KENNETH J MAIMI CENTER, 201 S. BISCAYNE BLVD, 10 FL MIAMI, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP BRUMBAUGH, JOHN M. MIAMI CENTER, 201 S. BISCAYNE BLVD., 10 FL MIAMI, FL			DC) NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREER, ALAN G MIAMI CENTER, 201 S. BISCAYNE BLVD, 10 FLO MIAMI, FL			IN	THIS S	SPACE	4
TITLE NAME STREET ADDRESS CITY+ST-ZIP	AVP MIRABITO, ANDREW J 201 S. BISCAYNE BLVD. 10 FLOOR MIAMI, FL 33131		ار استاده ا استاده استاده استاد است				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CHRISTENSEN, BRUCE A 201 S. BISCAYNE BLVD. 10 FLOOR MIAMI, FL 33131						
indicated of the cor	certify that the information supplied with this f on this report or supplemental report is true poration or the received or trustee ampowers or on an attachment with an address, with a	and accurate and that my sig d to execute this report as re-	inature shall hav	e the same legal of	fect as if made un-	der oath: that I am an c	officer or director