2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 601041

1. Entity Name
PODHURST ORSECK, P.A.

Principal Place of Business	Mailing Address
25 W. FLAGLER ST #800 MIAMI, FL 33130	25 W. FLAGLER ST #800 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1263738

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, VICTOR M JR.
25 W. FLAGLER STREET
#800
MIAMI, FL 33130

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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 _____ DATE
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PODHURST, AARON S
STREET ADDRESS	25 W FLAGLER ST #800
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	V
NAME	EATON, JOEL
STREET ADDRESS	25 W FLAGLER ST #800
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	EZELL, KATHERINE W
STREET ADDRESS	25 W. FLAGLER ST. #800
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	JOSEFBERG, ROBERT C
STREET ADDRESS	25 W FLAGLER STREET #800
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	V
NAME	MEADOW, BARRY L
STREET ADDRESS	25 W FLAGLER STREET #800
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	V
NAME	OLIN, MICHAEL S
STREET ADDRESS	25 W FLAGLER STREET #800
CITY-ST-ZIP	MIAMI, FL 33130

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Aaron S. Podhurst 1/12/05 (305) 358 2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #