

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 601054

1. Entity Name
GERSON, PRESTON, ROBINSON, & COMPANY, P.A.



Principal Place of Business
**666-71ST STREET
MIAMI BEACH, FL 33141**

Mailing Address
**666-71ST STREET
MIAMI BEACH, FL 33141**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1262947** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GERSON, GARY R.
666 71ST STREET
MIAMI BEACH, FL**

**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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

000000398546
01/31/06-80002-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GERSON, GARY R.
STREET ADDRESS	666-71ST STREET
CITY-ST-ZIP	MIAMI BEACH, FL 00000,
TITLE	VPS
NAME	PRESTON, RICHARD C.
STREET ADDRESS	666-71ST STREET
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	VPT
NAME	ROSEN, ALAN
STREET ADDRESS	666 71ST STREET
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 **(305)**
868-3600
Date Daytime Phone