


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 601746 1. Entity Name DANIEL V. LIGMAN, P.A.					
Principal Place of Business 9155 SO DADELAND BLVD SUITE 1010 MIAMI FL 33156 US			Mailing Address 9155 SO DADELAND BLVD SUITE 1010 MIAMI FL 33156 US		
2. Principal Place of Business <i>Same as above</i>			3. Mailing Address <i>Same as above</i>		
Suite, Apt. #, etc. <i>above</i>			Suite, Apt. #, etc. <i>above</i>		
City & State			City & State		
Zip		Country		4. FEI Number 59-1278337	
Zip		Country		5. Certificate of Status Desired <i>NEO</i> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIGMAN, STEVEN V. 9155 SO DADELAND BLVD SUITE 1010 MIAMI FL 33156				7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <div style="text-align: center;"><i>Same</i></div>					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <i>0</i> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LIGMAN, DANIEL V 9155 SO DADELAND BLVD SUITE 1010 MIAMI FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS LIGMAN, JAMES C 9155 SO DADELAND BLVD SUITE 1010 MIAMI FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Daniel V. Ligman P.A.</i> 1/18/06 305 670-6161					



1st MOORE CR2E034 (10/05)

FL Zip Code

9. Election Campaign Financing *0* **\$5.00** May Be Added to Fees

1000000393960
01/25/06-80042-021 150.00

Date

Days/Phone #