


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 604142**  
 1. Entity Name  
 SOLOMON, GINSBERG, AND VIGH, P.A.



|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>1702 N FLA AVE<br>POB 3275<br>TAMPA, FL 33601 | Mailing Address<br>1702 N FLA AVE<br>POB 3275<br>TAMPA, FL 33601 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-P CR2E034 (10/03)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-1434643                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
 SOLOMON, MARVIN  
 1702 N FLA AVE  
 TAMPA, FL 33602

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|                                                                              |                                                                                                              |                                            |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1000000229076<br>02/14/05-80066-003 150.00 |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                               |
|------------------------------------------------|---------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>SOLOMON, MARVIN<br>1702 N. FLORIDA AVENUE<br>TAMPA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** MARVIN SOLOMON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10 Feb 05 (813) 229-0115 Daytime Phone # \_\_\_\_\_