

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90064 013 \*\*\*150.00

**DOCUMENT # 604164**

1. Entity Name

**BENNETT M. LIFTER, P.A.**



Principal Place of Business

18425 NW 2 AVE #305  
P.O. BOX 694645  
MIAMI FL 33169

Mailing Address

18425 NW 2 AVE #305  
P.O. BOX 694645  
MIAMI FL 33169

2. Principal Place of Business

**17760 NW 2ND AVE**

3. Mailing Address

**SAME AS principal**

Suite, Apt. #, etc. **#200**

Suite, Apt. #, etc.

City & State **MIAMI FL**

City & State

Zip **33169** Country **USA**

Zip Country

4. FEI Number **59-1435012**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIFTER, BENNETT M.  
18425 NW 2 AVE #305  
MIAMI FL 33169**

Name

Street Address (P.O. Box Number is Not Acceptable)

**SAME AS principal**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME LIFTER, BENNETT M  
STREET ADDRESS 18425 NW 2ND AVE 305  
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME **SAME AS principal ADDRESS.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/05**  
Date

Daytime Phone #