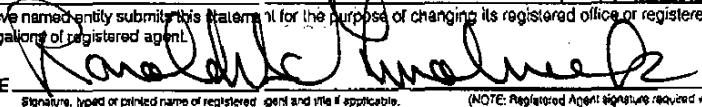
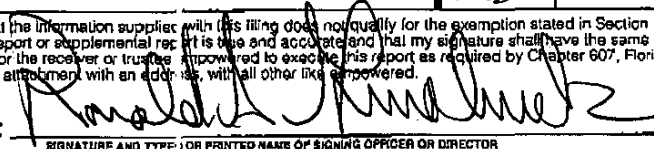


Apr. 26. 2005 11:42AM FISCHE & CO.

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90260 050 ***150.00

DOCUMENT # 604554 1. Entity Name RONALD S. GURALNICK, P.A.			
Principal Place of Business 550 BRICKELL AVE - PENTHOUSE ONE MIAMI, FL 33131 US		Mailing Address 550 BRICKELL AVE PENTHOUSE ONE MIAMI, FL 33131 US	
2. Principal Place of Business 100 SE 2 Street		3. Mailing Address 100 SE 2 ST	
Suite, Apt. #, etc. 3300		Suite, Apt. #, etc. 3300	
City & State Miami, Florida		City & State Miami, FL	
Zip 33131 Country Miami-Dade		Zip 33131 Country Miami-Dade	
4. FEI Number 59-1540901		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GURALNICK, RONALD S. 550 BRICKELL AVE., PENTHOUSE ONE MIAMI, FL 33131 Bank of America Tower at International Place, #3300, 100 SE 2 St Mia. FL 33131		7. Name and Address of New Registered Agent Name 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. SIGNATURE  DATE 4-27-05 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 \$530.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD GURALNICK, RONALD 550 BRICKELL AVE MIAMI, FL 33131 ☐ Delete New Address:	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bank of America at International Place, Suite 3300 100 SE 2 St. Mia. FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 04/28/05 (305) 373-0066 SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			