

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 604586



1. Entity Name
SOBEL, GLACKMAN & SOBEL, P.A.

Principal Place of Business

**12000 BISCAYNE BLVD
SUITE 402
MIAMI, FL 33181 US**

Mailing Address

**12000 BISCAYNE BLVD
SUITE 402
MIAMI, FL 33181 US**



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1479319

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOBEL, MARTIN
12000 BISCAYNE BLVD, 402
MIAMI, FL 33181**

**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 title 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**

**000000555403
05/16/06-80032-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SOBEL, MARTIN
12000 BISCAYNE BLVD 402
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
GLACKMAN, ALAN S
12000 BISCAYNE BLVD 402
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SOBEL, CYNTHIA
12000 BISCAYNE BLVD 402
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

4/28/06 305 891-4440