## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #605673** 

1. Entity Name GERALD J. TOBIN, P.A.



FILED Jan 13, 2006 08:00 AM Secretary of State

Principal Place of Business

2701 SOUTH BAYSHORE DR., #602 % GERALD J. TOBIN MIAMI, FL 33133 Mailing Address

2701 SOUTH BAYSHORE DR., #602 % GERALD J. TOBIN MIAMI, FL 33133



## DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For	
59-1871258		Not Applica	ble
5. Certificate of Status Desired	\$8.75	Additional	

6. Name and Address of Current Registered Agent

TOBIN, GERALD J. 2701 SOUTH BAYSHORE DR. SUITE 602 MIAMI, FL 33133

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	ourpose of changing its registered office of register	ed agent, or both, in the State of Florida. I am familiar t	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered Agent signature required	d when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		.00 May Be 01/18/06-80020-001 1	150.00
40 OFFICERS AND DIREC	TODO	and the second of the second o	

	ay 1, 2000 1 00 1111 No 4000100
10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOBIN, GERALD J. 12005 SW 64TH STREET MIAMI FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TABLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
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:

GNAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1 10 0 b 305-858-9020