2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 673345

1. Entity Name

MICHAEL LATTERNER & ASSOCIATES, INC.



Principal Place of Business

13 S.W. 7TH STREET MIAMI, FL 33130

Mailing Address

13 S.W. 7TH STREET MIAMI, FL 33130

FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90275 015 ***150.00

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CR2E034 (11/05)

4. FEI Number 59-1997440

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SONN, TERRI 20801 BISCAYNE BLVD., SUITE 501 AVENTURA, FL 33180

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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.

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

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10.		OFFICERS AND DIRECTORS		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Chairman LATTERNER, MICHAEL P 13 SW 7 STREET MIAMI, FL 33130		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Judith Brostoff 13 SW 7th St, Miami, FL 33130		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	NAME STREET ADDRESS CITY-ST-ZIP			
ĺ	TITLE NAME			

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!

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRAT

Judith Brostoff

305-372-1266

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Daytime Phone #