

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90090 030 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 681809

1. Entity Name
THE GORDON LAW FIRM, P.A.



Principal Place of Business
**2915 SW 27TH AVE.
MIAMI, FL 33133 US**

Mailing Address
**2915 SW 27TH AVE.
MIAMI, FL 33133 US**

50011121



2. Principal Place of Business
4500 LE JEUNE ROAD

3. Mailing Address
4500 LE JEUNE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-P CR2E034 (10/03)

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
59-2017378

Applied For
Not Applicable

Zip
33146

Country
US

Zip
33146

Country
US

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

6. Name and Address of Current Registered Agent

**GORDON, ALBERT A, ESQ
2915 SW 27TH AVE.
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4500 LE JEUNE ROAD

City **CORAL GABLES**

FL

Zip Code
33146

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GORDON, ALBERT A	2915 SW 27TH AVE.	MIAMI, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4500 LE JEUNE ROAD	CORAL GABLES, FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

2/4/05 3056677559