


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

| | |
|--|--|
| DOCUMENT # F02000006247 1. Entity Name M.B. PASTERNAK & ASSOCIATES, INC. |  |
|--|--|

| | |
|--|--|
| Principal Place of Business 1307 LANDINGS DRIVE SARASOTA, FL 34231 | Mailing Address 1307 LANDINGS DRIVE SARASOTA, FL 34231 |
|--|--|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|



01082006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 36-3209337 | Applied: Not App |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent PASTERNAK, GEORGE 1307 LANDINGS DRIVE SARASOTA, FL 34231 |
|--|

| |
|---------------------------------------|
| 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 the obligations of registered agent.

| | |
|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

| | | |
|---|---|---------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 01/24/06-80087-022 150.00 |
|---|---|---------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC PASTERNAK, GEORGE 1307 LANDINGS DRIVE SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC PASTERNAK, MIRIAM 1307 LANDINGS DRIVE SARASOTA, FL 34231 |
| TITLE 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, or on an attachment with an address, with all other like empowered.

| |
|---|
| SIGNATURE:  |
|---|