## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Mar 08, 2005 08:00 AM Secretary of State DOCUMENT # F04000003929 1. Entity Name ROBERT FELDGARDEN, P.C. Mailing Address Principal Place of Business 600 13TH ST, NW, 12TH FLOOR 600 13TH ST, NW, 12TH FLOOR WASHINGTON, DC 20005-3096 WASHINGTON, DC 20005-3096: 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-1854347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLEMAN, IRA J DO NOT WRITE 201 S BISCAYNE BLVD, 22ND FLOOR MIAMI, FL 33131-4336 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 eigent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be U000000255707 $\Box$ Trust Fund Contribution. Added to Fees /08/05-80024-012 150.00 OFFICERS AND DIRECTORS 10, CPST TITLE FELDGARDEN, ROBERT NAME 600 13TH ST, NW, 12TH FLOOR STREET ADDRESS WASHINGTON, DC 200053096 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f). 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 any degrees, with all other like empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Davime Phone :