2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE

mended DOCUMENT #F50142 1. Entity Name GOLDSTEIN, TANEN & TRENCH, P.A. 05 AUG 10 21 2: 31 Principal Place of Business Mailing Address ONE BISCAYNE TOWER, SUITE 3700 ONE BISCAYNE TOWER, SUITE 3700 TWO SOUTH BISCAYNE BLVD TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08082005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2121827 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSTEIN, RICHARD M Street Address (P.O. Box Number is Not Acceptable) STE. 3700 - ONE BISCAYNE TOWER MIAMI, FL 33131 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61,25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GOLDSTEIN, RICHARD M NAME STREET ADDRESS 6700 SW 133RD TERR. STREET ADDRESS CITY-ST-ZIP PINECREST, FL 33156 CITY-ST-ZIP TITLE ☐ Delete □ Change ■ Addition NAME TANEN, JÉFFREY S NAME STREET ADDRESS 3260 RIVIERA DR STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Susan E. Trench NAME STREET ADDRESS STREET ADDRESS 2 South Biscayne Blvd # 3700 CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33131</u> TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME 200058643332 08/16/05--01021--003 **61 STREET ADDRESS STREET ADDRESS **61.25 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete III F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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.