

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F60434

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: SAMUEL I. BURSTYN, P.A.

## Current Principal Place of Business:

2 S. BISCAYNE BLVD.  
SUITE 2600  
MIAMI, FL 33131 US

## New Principal Place of Business:

801 BRICKELL AVENUE  
PENTHOUSE ONE  
MIAMI, FL 33131 US

## Current Mailing Address:

2 S. BISCAYNE BLVD.  
SUITE 2600  
MIAMI, FL 33131 US

## New Mailing Address:

801 BRICKELL AVENUE  
PENTHOUSE ONE  
MIAMI, FL 33131 US

FEI Number: 59-2131097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURSTYN, SAMUEL I.  
3050 BISCAYNE BLVD.  
SUITE 701  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

BURSTYN, SAMUEL I.  
801 BRICKELL AVENUE  
PENTHOUSE ONE  
MIAMI, FL 33131 US

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.

SIGNATURE: SAMUEL I. BURSTYN

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: BURSTYN, SAMUEL I.,  
Address: 3050 BISCAYNE BLVD. #701  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: BURSTYN, SAMUEL I.,  
Address: 3050 BISCAYNE BLVD. #701  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: BURSTYN, SAMUEL I.,  
Address: 801 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL

Title: D (X) Change ( ) Addition  
Name: BURSTYN, SAMUEL I.,  
Address: 801 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL I. BURSTYN

PST

06/29/2005

Electronic Signature of Signing Officer or Director

Date