

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F80241		
1. Entity Name JEROME S. REISMAN, P.A.		
Principal Place of Business 3006 AVIATION AVE #4B COCONUT GROVE, FL 33133 US	Mailing Address 3006 AVIATION AVE #4B COCONUT GROVE, FL 33133 US	
DO NOT WRITE IN THIS SPACE		
		01242006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2199049
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent REISMAN, JEROME S 3006 AVIATION AVE SUITE #4B COCONUT GROVE, FL 33133		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 accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		1000000456710 03/16/06-80039-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POT REISMAN, JEROME S 11045 NW 59TH AVE MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
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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 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/2/06 (305)856-1856 <small>Date Daytime Phone #</small>