


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90181 009 ***150.00

DOCUMENT # G08540	
1. Entity Name ROBERT S. FORMAN, P.A.	

Principal Place of Business 2101 W. COMMERCIAL BLVD. #4100 FT. LAUDERDALE, FL 33309 US	Mailing Address 2101 W. COMMERCIAL BLVD. #4100 FT. LAUDERDALE, FL 33309 US
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02252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 2101 W Commercial Blvd Suite, Apt. #, etc. Suite 2800 City & State Ft Lauderdale FL Zip 33309 Country US	3. Mailing Address 2101 W Commercial Blvd Suite, Apt. #, etc. Suite 2800 City & State Ft Lauderdale, FL Zip 33309 Country US
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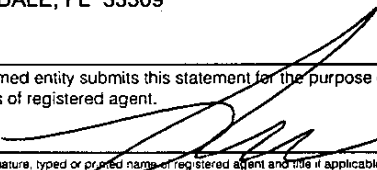
4. FEI Number 59-2287932	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FORMAN, ROBERT S 2101 W. COMMERCIAL BLVD. #4100 FT. LAUDERDALE, FL 33309	
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7. Name and Address of New Registered Agent Name Forman, Robert S Street Address (P.O. Box Number is Not Acceptable) 2101 W Commercial Blvd Suite 2800 City Ft Lauderdale FL Zip Code 33309	
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete FORMAN, ROBERT 2101 W. COMMERCIAL BLVD., #4100 FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Forman, Robert 2101 W Commercial Blvd., #2800 Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: 	ROBERT S. FORMAN	Date 2/28/05	Daytime Phone # 954-735-0000
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