

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # G63095	
1. Entity Name GOLDSTEIN, PASTROFF & CO., P.A.	



Principal Place of Business % NANCY G. PASTROFF SUITE 135 10300 SUNSET DRIVE MIAMI, FL 33173	Mailing Address % NANCY G. PASTROFF SUITE 135 10300 SUNSET DRIVE MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2324829	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 PASTROFF, NANCY G. SUITE 135 10300 SUNSET DRIVE MIAMI, FL 33173	
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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 _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BARJA, JOSE M. 10300 SUNSET DRIVE STE 135 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PASTROFF, NANCY G 10300 SUNSET DRIVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ROBIN L 10300 SUNSET DRIVE STE 135 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/05-80023-004-150.00

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12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE: Nancy G. Pastroff NANCY G. PASTROFF 1/17/05 305-271-3774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #