


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # G80090
 1. Entity Name
 LAW OFFICES OF SANFORD M. REINSTEIN, P.A.



Principal Place of Business Mailing Address
 7901 SW 6 COURT 7901 SW 6 COURT
 SUITE 110 SUITE 110
 PLANTATION, FL 33324 US PLANTATION, FL 33324 US

DO NOT WRITE IN THIS SPACE



03252006 No Chg-P CRZE034 (11/05)
 4. FEI Number Applied For
 59-2364042 Not Applicable
 5. Certificate of Status Destroyed \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REINSTEIN, SANFORD M.
 7901 SW 6 CT
 SUITE 110
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REINSTEIN, SANFORD M. 7901 SW 6 CT, SUITE 110 PLANTATION, FL 33324
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 04/14/06-80008-007 150.00

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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: _____ **3/25/06** **9544232555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #