
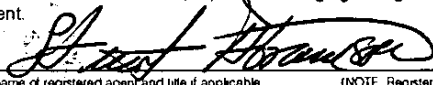
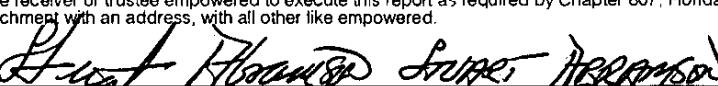


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90129 017 ***150.00

DOCUMENT # G81443 1. Entity Name STUART H. ABRAMSON, ESQUIRE, P.A					
Principal Place of Business 1320 S DIXIE HWY SUITE 1150 CORAL GABLES FL 33146 US			Mailing Address 1320 S DIXIE HWY SUITE 1150 CORAL GABLES FL 33146 US		
2. Principal Place of Business 9300 S. DADELAND BLVD Suite, Apt. #, etc. 600		3. Mailing Address 9300 S DADELAND BLVD Suite, Apt. #, etc. 600			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 59-2068420	
Zip 33156 Country USA		Zip 33156 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAMSON, STUART, ESQ. 1320 S.DIXIE HWY.,#1150 CORAL GABLES FL 33146				7. Name and Address of New Registered Agent Name ABRAMSON, STUART, ESQ. Street Address (P.O. Box Number is Not Acceptable) 9300 S DADELAND BLVD SUITE 600 City MIAMI State FL Zip Code 33156	
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 4/5/05 <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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAMSON, STUART 1320 S DIXIE HWY #1150 CORAL GABLES FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ABRAMSON, STUART 9300 S DADELAND BLVD, SUITE 600 MIAMI FLORIDA 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ABRAMSON, BARBARA 1320 S DIXIE HWY #1150 CORAL GABLES FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST ABRAMSON, BARBARA 9300 S DADELAND BLVD SUITE 600 MIAMI FLORIDA 33156	
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:  DATE 4/5/05 DAYTIME PHONE # 305-672-2260 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					