


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H48234 1. Entity Name GOREN, CHEROF, DOODY & EZROL, P.A.	
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Principal Place of Business % JAMES A. CHEROF 3099 EAST COMMERCIAL BLVD, SUITE 200 FT. LAUDERDALE, FL 33308	Mailing Address % JAMES A. CHEROF 3099 EAST COMMERCIAL BLVD, SUITE 200 FT. LAUDERDALE, FL 33308
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2506263	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 CHEROF, JAMES A. 3099 EAST COMMERCIAL BLVD SUITE 200 FT. LAUDERDALE, FL 33308

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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)

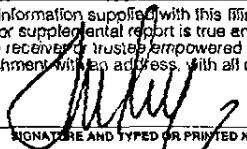
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOREN, SAMUEL S. 3099 E. COMMERCIAL BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEROF, JAMES A. 3099 E. COMMERCIAL BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOODY, DONALD J 3099 E. COMMERCIAL BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERRY, EZROL 3099 E. COMMERCIAL BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIRULLO, MICHAEL D JR. 3099 E COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000437528
 02/28/06-80045-016 150.00

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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:  DATE: 2/25/06 DAYTIME PHONE #: 954 771 4500