## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

**SIGNATURE** 

## Jan 18, 2005 08:00 AM **Secretary of State** DOCUMENT # H77263 1. Entity Name ARNÓLD R. GINSBERG, P.A. Principal Place of Business Mailing Address 9130 SO. DADELAND BLVD. 9130 SO. DADELAND BLVD. SUITE 1703, DATRAN II SUITE 1703, DATRAN II MIAMI, FL 33156 MIAMI, FL 33156 No Chg-P CR2E034 (10/03) 01112005 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-2581099 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE GINSBERG, ARNOLD R. 9130 SO. DADELAND BLVD. SUITE 1703, DATRAN II IN THIS SPACE MIAMI, FL 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, typed of printed name of Yegistered agent and title it applicable. ■ Signature, typed of printed name of Yegistered agent and title it applicable. ■ Signature, typed of printed name of Yegistered agent and title it applicable. ■ The Signature is the printed name of Yegistered agent and title it applicable. ■ The Signature is the printed name of Yegistered agent and title it applicable. ■ The Signature is the printed name of Yegistered agent and title it applicable. ■ The Signature is the printed name of Yegistered agent and title it applicable. ■ The Signature is the printed name of Yegistered agent and title it applicable. ■ The Signature is the printed name of Yegistered agent and title it applicable. ■ The Signature is the printed name of Yegistered agent and title it applicable. ■ The Signature is the printed name of Yegistered agent \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE פח GINSBERG, ARNOLD R. NAME 9130 SO, DADELAND BLVD, STE 1703 STREET ADDRESS CITY-ST-ZIP MIAMI, FL U00000182563 01/19/05-80034-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 path; 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 atjectment with an address, with all other like empowered.

**FILED**