



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90049 037 ***150.00

DOCUMENT # H79422 1. Entity Name NORMAN H. BECKER, P.A.					
Principal Place of Business % NORMAN H. BECKER 2404 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020			Mailing Address % NORMAN H. BECKER 2404 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020		
2. Principal Place of Business 1909 TYLER ST Suite, Apt. #, etc. 603		3. Mailing Address 1909 TYLER ST Suite, Apt. #, etc. 603			
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL		4. FEI Number 59-2585109	
Zip 33020		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER, NORMAN H. 2404 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name NORMAN BECKER Street Address (P.O. Box Number is Not Acceptable) 1909 TYLER ST HOLLYWOOD FL 33020 City FL Zip Code	
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME BECKER, NORMAN H. STREET ADDRESS 22404 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE PD NAME BECKER, NORMAN H. STREET ADDRESS 1909 TYLER ST CITY-ST-ZIP HOLLYWOOD FL 33020	<input checked="" 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	
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: _____ NORMAN BECKER 1/3/05 954-9x5-1900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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