


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H82813</b> 1. Entity Name RICHARD A. SHERMAN, P.A.		
Principal Place of Business % RICHARD A. SHERMAN 1771 S. ANDREWS AVE #302 FORT LAUDERDALE, FL 33316	Mailing Address % RICHARD A. SHERMAN 1771 S. ANDREWS AVE #302 FORT LAUDERDALE, FL 33316	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
<b>6. Name and Address of Current Registered Agent</b> SHERMAN, RICHARD A. 1777 S. ANDREWS AVE #302 FORT LAUDERDALE, FL 33316		
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div style="width: 30%;"> <b>9. Election Campaign Financing</b>            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees         </div> <div style="width: 30%;"></div> </div>		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	DP	
NAME	SHERMAN, RICHARD A.	
STREET ADDRESS	1777 S. ANDREWS AVE #302	
CITY - ST - ZIP	FORT LAUDERDALE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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.		
<b>SIGNATURE:</b> <u>Richard A. Sherman Pres</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01182006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-2615300	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000408280  
02/08/06-80054-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

1/26/06 (954) 525-5885  
Date Daytime Phone #