## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H91079** 

## FILED Jan 26, 2005 08:00 AM Secretary of State

1. Entity Name MYLES KLEIN, P.A.					
Principal Place of Business 2875 NE 191 ST	Mailing Address 2875 NE 191 ST	-	]		
#703	#703				
AVENTURA, FL 33180	AVENTURA, FL 33180		 	is visik skok bitik siy	
	····				
	<del></del>	4.05	01182005 No Chg-P	CR2E034 (	(10/03)
DO NOT WRITE IN THIS SPAC		ACE	4. FEI Number	·	Applied For
			59-2608776	<del> <u></u></del>	Not Applicable
			5. Certificate of Status Desired		.75 Additional Required
6. Name and Address of Current Re	gistered Agent				
KLEIN, MYLES R PRES			DO NOT W	RITE	
2875 N.E. 191TH STREET #703		1			
AVENTURA, FL 33180		-	- IN THIS SP	PACE	
8. The above named entity submits this statement for the obligations of registered agent.	ne purpose of changing its regi	istered office or registe	red agent, or both, in the State of F	orida. I am famil	liar with, and accept
SIGNATURE	<u> </u>	28		<u> </u>	_5
Signature, typed or printed name of registered agent and	title if applicable. (NOTE Reg	ristered Agent signature require	d when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut		.00 May Be ded to Fees		
10. OFFICERS AND DI	RECTORS		<del></del>		
TITE DD					

KLEIN, MYLES R PRES NAME STREET ADDRESS 2875 NE 191 ST #703 CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS EITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE

IN THIS SPACE

U00000197112 01/26/05-80100-001 150.00

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated on this report or supplemental/report is trule 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 trusted employered 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:

HES KLEIN

WHEN TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Daytime Phone #