


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90061 021 ***150.00

DOCUMENT # H91142 1. Entity Name FRIEDMAN & OSHINSKY, P.A.					
Principal Place of Business 1150 E. HALLANDALE BEACH BLVD. SUITE A HALLANDALE, FL 33009			Mailing Address 1150 E. HALLANDALE BEACH BLVD. SUITE A HALLANDALE, FL 33009		
2. Principal Place of Business 350 E. Las Olas Blvd. Suite. Apt. #, etc. Suite 970 City & State Ft. Lauderdale, FL Zip 33301 Country USA			3. Mailing Address 350 E. Las Olas Blvd. Suite. Apt. #, etc. Suite 970 City & State Ft. Lauderdale, FL Zip 33301 Country USA		
4. FEI Number 59-2612360			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent OSHINSKY, LEONARD 1150 E. HALLANDALE BEACH BLVD. SUITE A HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 350 E. Las Olas Blvd. Suite 970 City Ft. Lauderdale FL Zip Code 33301		
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 <u><i>Leonard Oshinsky</i></u> DATE <u>1/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	DP OSHINSKY, LEONARD 1150 E HALLANDALE BCH BL HALLANDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Oshinsky, Leonard 350 E. Las Olas Blvd., Suite 970 Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FRIEDMAN, ROBERT J 1150 E HALLANDALE BCH BL HALLANDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Leonard Oshinsky</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/13/05 954/527-4100 <small>Date Daytime Phone #</small>		

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