


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J45346</b> 1. Entity Name <b>GORFIEN &amp; JACOBSON, P.A.</b>					
Principal Place of Business <b>4506 NORTH UNIVERSITY DR LAUDERHILL FL 33321 US</b>			Mailing Address <b>4506 NORTH UNIVERSITY DR LAUDERHILL FL 33321 US</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt # etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2753930</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>TOLAND, HOWARD S. 110 E. BROWARD BLVD. SUITE 650 FORT LAUDERDALE FL 33301</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 re-issuing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Added to Fees Trust Fund Contribution <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD JACOBSON, HENRY 4506 N. UNIVERSITY DR LAUDERHILL FL		TITLE NAME STREET ADDRESS CITY- ST- ZIP	02/05/05-80045-015 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD GORFIEN, JOSEPH J. 4506 N. UNIVERSITY DR LAUDERHILL FL		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Add	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joseph J. Gorfien</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/03/05		