

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90195 005 ***150.00

DOCUMENT # K02898

1. Entity Name

MITCHELL B. GERHARDT, C.P.A., P.A.



Principal Place of Business

**1501 VENERA AVE
STE 200
CORAL GABLES FL 33146
US**

Mailing Address

**1501 VENERA AVE
STE 200
CORAL GABLES FL 33146
US**



2. Principal Place of Business

1 SE THIRD AVE

Suite, Apt. #, etc.

SUITE 1720

City & State
MIAMI FLORIDA

Zip
33131

Country
USA

3. Mailing Address

1 SE THIRD AVE

Suite, Apt. #, etc.

SUITE 1720

City & State
MIAMI FLORIDA

Zip
33131

Country
USA

1st MOORE

CR2E034 (10/05)

4. FEI Number **65-0013613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GERHARDT, MITCHELL B.
1501 VENERA AVE
STE 200
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name
MITCHELL B GERHARDT

Street Address (P.O. Box Number is Not Acceptable)

1 SE THIRD AVE

SUITE 1720

City
MIAMI

FL

Zip Code
33131

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

Mitchell B Gerhardt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

4/21/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

**PD
GERHARDT, MITCHELL B.
1501 VENERA AVE
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**1 SE THIRD AVE SUITE 1720
MIAMI FL 33131**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Mitchell B Gerhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

305-666-5888

Daytime Phone #