


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # K50498
 1. Entity Name
 THE GOTTLIEB GROUP, INC.



Principal Place of Business: % BRUCE M. GOTTLIEB, 125 NORTH 46TH AVENUE, HOLLYWOOD, FL 33021
 Mailing Address: % BRUCE M. GOTTLIEB, 125 NORTH 46TH AVENUE, HOLLYWOOD, FL 33021



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0091078 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOTTLIEB, BRUCE M.
 125 NORTH 46TH AVENUE
 HOLLYWOOD, FL 33021

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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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PD GOTTLIEB, BRUCE M. 125 NORTH 46TH AVENUE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOTTLIER, BRUCE M 125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.

SIGNATURE: Bruce M. Gottlieb BRUCE M. GOTTLIEB PRES. 2/18/2005 9549667600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #