

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2005 08:00 AM  
Secretary of State

DOCUMENT # K73280

1. Entity Name  
ERLICHMAN-STARR PROPERTIES, INC.



Principal Place of Business  
%ELIOT D. ERLICHMAN  
SUITE 101, 7325 SW 63RD AVE  
SMAM, FL 33143

Mailing Address  
%ELIOT D. ERLICHMAN  
SUITE 101, 7325 SW 63RD AVE  
SMAM, FL 33143



**DO NOT WRITE IN THIS SPACE**

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0110013

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ERLICHMAN, S. ROY  
STE. 101  
7325 SW 63RD AVE  
S MIAMI, FL 33143

**DO NOT WRITE  
IN THIS SPACE**

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

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

(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**

U00000195358  
01/26/05-80025-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ERLICHMAN, ELIOT D PHD  
7325 SW 63 AVE #101  
S MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
ERLICHMAN, S. ROY PHD  
7325 SW 63 AVE #101  
S MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
STARR, GAIL  
7325 SW 63 AVE #101  
S. MIAMI, FL 33143

TITLE  
NAME  
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**

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.

*Gail Starr*