
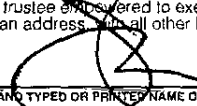


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K79914</b> 1. Entity Name JEFF TOMBERG, J.D., P.A.			
Principal Place of Business 626 SE 4TH STREET BOYNTON BEACH, FL 33435		Mailing Address P.O. BOX 1426 BOYNTON BCH, FL 33425	
<b>DO NOT WRITE IN THIS SPACE</b>		01042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0103087 Applied For Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  TOMBERG, JEFF 626 S.E. 4TH ST. BOYNTON BEACH, FL 33435		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000237400 02/21/05-80055-013 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP TOMBERG, JEFF 626 SE 4TH STREET BOYNTON BEACH, FL 33435	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TOMBERG, JEFF 626 SE 4TH STREET BOYNTON BEACH, FL 33435		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 authorized 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, in all other like empowered.			
SIGNATURE: 		JEFF TOMBERG PRES 2/17/05 Date Daytime Phone #	