


2005 FOR PROFIT CORPORATION ANNUAL REPORT (A)

FILED
May 16, 2005 8:00 am
Secretary of State

04-19-2005 90386 014 ***150.00

DOCUMENT # K89387
 1. Entity Name
BRADLEY M. FRIEDLANDER, P.A.



Principal Place of Business Mailing Address
 1612 NW 2ND AVE 1612 NW 2ND AVE
 SUITE 9 SUITE 9
 BOCA RATON FL 33432 BOCA RATON FL 33432
 US US

66017243



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
500 S.E. MIZNER BLVD 500 S.E. MIZNER BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
500 A 500 A

City & State City & State
BOCA RATON, FL BOCA RATON, FL
 Zip Country Zip Country
33432 FLA 33432 FLA

4. FEI Number **65-0119348** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
FRIEDLANDER, BRADLEY M.
500 SE MIZNER BLVD
#609
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
500 SE MIZNER BLVD # 500A
 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 *Brad Friedlander* (NOTE: Registered Agent signature required when reinstating) DATE **APR 17/05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D	<input type="checkbox"/> Delete
NAME	FRIEDLANDER, BRADLEY M.	
STREET ADDRESS	500 SE MIZNER BLVD #609	
CITY-ST-ZIP	BOCA RATON FL 33432	500 A
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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.

SIGNATURE: *Brad Friedlander* **PRESIDENT** (561) 416-9596
DATE DAYTIME PHONE #
BRADLEY FRIEDLANDER