2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # L19475 1. Entity Name FREEDMAN AND ASSOCIATES, P.A. Mailing Address Principal Place of Business 11900 BISCAYNE BLVD 11900 BISCAYNE BLVD N MIAMI FL 33181 US N MIAMI FL 33181 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc 1st MOORE CR2E034 (10/04) City & State Clty & State 4. FEI Number Applied For 65-0162103 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREEDMAN, SANFORD A. Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD **STE 616** N MIAMI FL 33181 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 Signature, typed or printed name of registered agent and title if explicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. tt. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete HTLE TITLE ☐ Change Addition FREEDMAN, SANFORD A. Un0000308921 04/16/05-80016-024 150.00 NAME STREET ADDRESS 11900 BISCAYNE BLVD STE 616 STREET ADDRESS CITY-ST-ZIP N MIAMI FL 33181 CITY-ST-ZIP JITLE Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE [] Change THILE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-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.

2/ where

Daytime Phone #

FILED