

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L57807

1. Entity Name
BENJAMIN & AARONSON, P.A.



Principal Place of Business
**ONE FINANCIAL PLAZA
STE 1615
FT LAUDERDALE, FL 33394 US**

Mailing Address
**ONE FINANCIAL PLAZA
STE 1615
FT LAUDERDALE, FL 33395 US**



06302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0189947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AARONSON, DANIEL R., ESQ.
ONE FINANCIAL PLAZA
#1615
FORT LAUDERDALE, FL 33394**

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENJAMIN, JAMES S., ESQ.
STREET ADDRESS	ONE FINANCIAL PLAZA, STE 1615
CITY- ST- ZIP	FT LAUDERDALE, FL 33394

TITLE	D
NAME	AARONSON, ESQ. D
STREET ADDRESS	ONE FINANCIAL PLAZA, STE 1615
CITY- ST- ZIP	FT. LAUDERDALE, FL 33394

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/03/06-90001-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/06
Date

954-779-1700
Daytime Phone #