

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L61749

1. Entity Name

MICHAEL SCHIFFRIN & ASSOCIATES, P.A.



Principal Place of Business

**9130 SOUTH DADELAND BLVD
SUITE 1109, 2 DATRAN CENTER
MIAMI, FL 33156 US**

Mailing Address

**9130 SOUTH DADELAND BLVD
SUITE 1109, 2 DATRAN CENTER
MIAMI, FL 33156 US**



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0182320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHIFFRIN, MICHAEL ESQ
9130 SOUTH DADELAND BLVD
2 DATRAN CENTER, SUITE 1109
MIAMI, FL 33156**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHIFFRIN, MICHAEL
STREET ADDRESS	9130 SOUTH DADELAND BLVD, SUITE 1109
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	
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05/02/06-80086-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

MICHAEL SCHIFFRIN, President

4/17/06 305-539-0000

Date

Daytime Phone #