DOCUMENT #	L78698
4. Entitu Nomo	

DAVID HOWARD GOLDBERG, P.A.

Principal Place of Business 900 S W 2ND AVE MIAM! FL 33130

Mailing Address

900 S W 2ND AVE MIAMI FL 33130

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED Apr 29, 2002 8:00 am Secretary of State

04-29-2002 90102 023 \*\*\*150.00



Country   2/p   Country   S. Certificate of Status Desired   S.7.5 Acational Fee Required	Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Collaborate of Status Letter to   Fee Required   Fee Required   Fee Required   Fee Required   Status Letter to   Fee Required   Status Letter to   Fee Required   Status Letter to	City & State City & State			4. FEI Number 65-0201965			<del></del>	pplied For ot Applicable		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City	Zip		_Zip	Country	5. (	Certificate of Status Desired		\$8.75 Add	ditional	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	·	6. Name and Address of Current Re	gistered Agent		7. N	lame and Address of New R	egistere	d Agent		
### Delete #### Delete ### Delete #### Delete ##### Delete ##################################				Name						
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.  Signature, typed or protect rame of required agent and title if applicable.  This corporation is eligible to satisfy its intangible Tax illing requirement and elects to do so.	GOLDBERG, DAVID H		Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
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.  Signature, typed or protect rame of required agent and title if applicable.  This corporation is eligible to satisfy its intangible Tax illing requirement and elects to do so.	MIAMI FI	33130								
STATURE    Signature, typed or primed name of registerior agent and tide if applicable.   (NOTE Registerior Agent signature required when normalising)   DATE	1111/ UVII 1 L	33.33		City			F	L Zip Cod	ie	
STATURE    Signature, typed or primed name of registerior agent and tide if applicable.   (NOTE Registerior Agent signature required when normalising)   DATE	8. The above	named entity submits this statement for the	he purpose of changing its req	gistered office or regis	stered ag	ent, or both, in the State of Flo	orida.			
This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)										
This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)	SIGNATURE .									
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, 2002 Make Check Payable to Department of State  OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  E. D GOLDBERG, DAVID HOWARD 900 S W 2ND AVE MIAMI FL 33130  Delete  Title NAME STREET ADDRESS STREE		Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agent signature requ	lired when re	einstating)	DATE	<u></u>		
GOLDBERG, DAVID HOWARD  GOLDBE	Tax filing	Tax filing requirement and elects to do so.  After May 1, 2002 Fee		Fee will be \$550.0		1	_			
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I. 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 proof 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 direct of the corporation or the receiver or true the exponented to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12	13 Lhoroby	certify that the information supplied with the	his filing does not qualify for th	ne exemption stated in	Section	119.07(3)(i), Florida Statutes.	I further o	certify that the	information	

of the corporation or the receiver or tru changed, or on an attachment with an

**SIGNATURE**