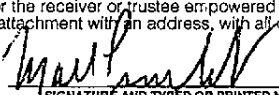


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # M03134			
1. Entity Name PINCHASIK, STRONGIN, MUSKAT, STEIN & COMPANY, P.A.			
Principal Place of Business 3225 AVIATION AVE #500 MIAMI, FL 33133	Mailing Address 3225 AVIATION AVE #500 MIAMI, FL 33133		
DO NOT WRITE IN THIS SPACE			
		01102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2427890	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent YELEN, MITCHELL A. 3225 AVIATION AVE #500 MIAMI, FL 33133		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 reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000360448 05/05/05-80032-022 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PINCHASIK, MARK 10440 SW 138TH ST. MIAMI, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STRONGIN, EDWARD A. 12720 SW 116 ST MIAMI, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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)(f), 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: 		MARK PINCHASIK 4/30/05 305 858 5800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	