

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M05226

1. Entity Name
IRWIN M. FROST, P.A.



Principal Place of Business

1111 BRICKELL AVENUE
SUITE 2050
MIAMI, FL 33131 US

Mailing Address

1111 BRICKELL AVENUE
SUITE 2050
MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2452423

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FROST, IRWIN M.
1111 BRICKELL AVE
SUITE 2050
MIAMI, FL 33131

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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

U000000268864
03/18/05-80060-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
FORST, IRWIN M
1111 BRICKELL AVE STE 2050
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FROST, IRWIN M
1111 BRICKELL AVE STE 2050
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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1111 BRICKELL AVE STE 2050
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CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #