2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED Feb 27, 2006 8:00 am Secretary of State

02-27-2006 90109 004 ***150.00



DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

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

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 famillar with, and accent the obligations of registered agent. Signature Signature						•	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ITILE NAME FROST, IRWIN M STREET ADDRESS CITY-ST-ZIP NAME FROST, IRWIN M STREET ADDRESS TITLE PST MIAMI, FL 33131 TITLE D STREET ADDRESS TITLE PST MIAMI, FL 33131 TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME NAME NAME NAME STREET ADDRESS TITLE NAME NAME NAME NAME NAME NAME NAME NAM			ourpose of changing its registered o	office or r	egistered agent, or both,	in the State of Florida. I am famillar with, and ac	cept
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After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-S1-ZIP MIAMI, FL 33131 TITLE PST FROST, IRWIN M STREET ADDRESS CITY-S1-ZIP MIAMI, FL 33131 TITLE PST FROST, IRWIN M STREET ADDRESS CITY-S1-ZIP MIAMI, FL 33131 TITLE PST FROST, IRWIN M STREET ADDRESS CITY-S1-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-S1-ZIP MIAMI, FL 33131 TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME		Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agi	ent signature	required when reinstating)	DATE	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME Street address	FROST, IRWIN M 1111 BRICKELL AVE STE 2050			DO I	NOT WRITE	
NAME	NAME STREET ADDRESS				IN T	HIS SPACE	
STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP						

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.

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NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 3743 al

Daytime Phone #

1/24/06