## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 18, 2005 08:00 AM Secretary of State DOCUMENT # M22387 1. Entity Name LAW OFFICES OF DAVID H. ZOBERG, P.A. Mailing Address Principal Place of Business C/O DAVID H. ZOBERG C/O DAVID H. ZOBERG 8367 BIRD RD. 8367 BIRD RD. MIAMI, FL 33155 MIAMI, FL 33155 No Chg-P CR2E034 (10/03) 01212005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2596093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZOBERG, DAVID H. DO NOT WRITE 8367 BIRD RD. MIAMI, FL 33155 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, DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ZOBERG, DAVID H. NAME STREET ADDRESS 8367 BIRD RD. - H0000023502**5** CITY-ST-ZIP MIAMI, FL 02/13/05-80045-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**