


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M54073

1. Entity Name
 MIGDAL & MIGDAL, P.A.



Principal Place of Business Mailing Address

1903 S. CONGRESS AVENUE 1903 S. CONGRESS AVENUE
 SUITE 320 SUITE 320
 BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2831267 Not Applicable

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

6. Name and Address of Current Registered Agent

MIGDAL-MACK, JUDITH B.
 1903 S CONGRESS AVE
 SUITE 320
 BOYNTON BEACH, FL 33446

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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 Judith B Migdal-Mack DATE 2/2/05

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

00000218583
 02/07/05-80069-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MIGDAL, MICHELLE, ESQ.
STREET ADDRESS	7624 EAGLE POINT DR
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	MIGDAL-MACK, JUDITH B.
STREET ADDRESS	7799 COLONY LAKE DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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)(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 807, 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: Michele Migdal See DATE 2/2/05 DAYTIME PHONE # 561 3640670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #