

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90394 016 ***150.00

DOCUMENT # M54688

1. Entity Name
LOTT & FRIEDLAND, P.A.



Principal Place of Business

355 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 US

Mailing Address

355 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 US

14012785



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0005885

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOTT, LESLIE J.
355 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134

**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

TITLE	DP
NAME	LOTT, LESLIE J
STREET ADDRESS	355 ALHAMBRA CIR., STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVP
NAME	FRIEDLAND, DAVID K
STREET ADDRESS	355 ALHAMBRA CIR., STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DS
NAME	STEIN, MARK E
STREET ADDRESS	355 ALHAMBRA CIRCLE STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DT
NAME	Fischer, Ury
STREET ADDRESS	355 Alhambra Circle Ste 1100
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

4/25/05 305 448 7089