2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 07, 2005 08:00 AM DOCUMENT # M80666 **Secretary of State** 1. Entity Name RUBINSTEIN & HOLZ, P.A. Principal Place of Business Mailing Address 1375 JACKSON ST. P. O. BOX 368 FT. MYERS, FL 33902 SUITE 304 US FT. MYERS, FL 33901-2837 US 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0048170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUBINSTEIN, ALAN J. DO NOT WRITE 1375 JACKSÓN ST. SUITE 304 IN THIS SPACE FT. MYERS, FL 33901 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 life 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RUBINSTEIN, ALAN J. NAME U000000173195 STREET ADDRESS 1779 WHITECAP CIRCLE 01/07/05-80008-021 150.00 CITY -ST-ZIP N FT MYERS, FL TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 oally, 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: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP