

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M83144

FILED
Mar 11, 2005
Secretary of State

Entity Name: HARNETT LESNICK & RIPPS, P.A.

Current Principal Place of Business:

150 E PALMETTO PK RD
SUITE 500
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

150 E PALMETTO PK RD
SUITE 500
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0051412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESNICK, IRVING I
150 E PALMETTO PARK RD
SUITE 500
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: LESNICK, IRVING I.,
Address: 150 E PALMETTO PARK RD, SUITE 500
City-St-Zip: BOCA RATON, FL

Title: DP () Delete
Name: HARNETT, BERTRAM,
Address: 150 E PALMETTO PARK RD, SUITE 500
City-St-Zip: BOCA RATON, FL

Title: DV () Delete
Name: RIPPS, JUDITH A
Address: 150 E PALMETTO PARK RD, SUITE 500
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING I. LESNICK

DVS

03/11/2005

Electronic Signature of Signing Officer or Director

_____ Date