ANNUAL REPORT (AR)

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DOCU 1. Entity Nan	MENT # M96984		<u> </u>					FILED 2005	) 08:00 AN
LAURA S	. ROTSTEIN, P.A.						Secr	etary o	f State
Principal Plac	ce of Business	Mailing A	ddress	pile e		-			
3800 INVERRARY BLVD 3800 INVERRARY BLVD									
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2. Principal F	Place of Business	3. Mailing	Address		in the second	- - - -			
Suite, Apt			Apt. #, etc			15	st MOORE	CR2E034 (1	10/04)
City & Stat		City & S	State	· · · · · ·		4. FEI Numb	<sup>Der</sup> 65-008684	9	Applied For Not Applicab
Zip			Coun	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					Nama	7. Name an	d Address of New F	Registered Age	ent
PO1	ISTEIN, LAURA S ESQ	· · · · · ·		े हैं। <del>जे</del>	Name		,.		
380	O INVERRARY BLVD				Street Address (	(PO Box Numb	per is Not Acceptabl	e)	
STE 101E LAUDERHILL FL 33319							-		
					City			FL	Zip Code
8. The above	named entity submits this statement f	or the pumose	of changing it	s register	ed office or registe	red agent or bo	oth in the State of Fi	,	illiar with and accen
the obligat	tions of registered agent	or are purpose	, or or any	· ·	od omico or regions	rou agont, or a	only of the olding of the	usique, Fulli Idii	illiar war, and accep
SIGNATURE	Signature, typed or printed fame of registered agen	it and title if applicab	ON) elc	TE Registere	d Agent signeture regiline	when reinstatings	<del></del>	DATE	<del></del>
	ILE NOW!!! FEE IS \$150.00						<del>,</del>		* * *
After	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of			**	•		9. Election Camp Trust Fund Cor	-	\$5.00 May Be Added to Fees
10.	FOFFICERS AND	DIRECTORS		11.		ADDITIONS	CHANGES TO OFF	ICERS ÁND DI	RECTORS IN 11
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NAME	ROTSTEIN, LAURA S., ESQ			NAM	1		<u>, 00000</u> 03	41570	
STREET ADDRESS CITY ST-ZIP	5323 PARK PLACE CIRCLE BOCA RATON FL 33486	**			ET ADDRESS   - ST- ZiP		04/29/05-8	0013-019	158.75
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CITY ST-ZIP	{			1	ST ZIP				
12. (hereby	I certify that the information supplied wit	h this filing doe	es not qualify fo	or the exe	motion stated in Se	otion 119 07(3)	(i), Florida Statutes.	I further certify	that the information
indicated of the cor	on this report or supplemental report i poration or the receiver or trustee emb , or on an attachinent with an address	s true and acc	curate and that cute this repor	my signat t as requi	ture shall have the red by Chapter 607	same legal effe 7. Florida Statut	ot as if made under es, and that my nam	oath; that I am a le appears in Bi	an officer or director lock 10 or Block 11 if
changed	, or on an attachment with an address	with all other l	ike empowered		)		1 1	<u> </u>	
SIGNAT	TIRE. ( Tanna A.	L07	ston.	$_{\perp}$ $P_{a}$	OES	47	25/05	05H)7	14-8811
SIGNAL	SIGNATURE AND TYPED OR	PRINTED NAME OF	F SIGNING OFFICE	gh DIRECT	OR	/-	Date (	Dayle	ne Phone #
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