

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M96984

1. Entity Name

LAURA S. ROTSTEIN, P.A.



**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
3800 INVERRARY BLVD  
101E  
LAUDERHILL FL 33319  
US

Mailing Address  
3800 INVERRARY BLVD  
101E  
LAUDERHILL FL 33319  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number  
65-0086849

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTSTEIN, LAURA S ESQ  
3800 INVERRARY BLVD  
STE 101E  
LAUDERHILL FL 33319

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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

*N/A*

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
ROTSTEIN, LAURA S., ESQ  
5323 PARK PLACE CIRCLE  
BOCA RATON FL 33486

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U00000341570  
04/29/05-80019-016 158.75

☐ Change

☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

☐ Change

☐ Addition

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:

*Laura S. Rotstein PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA S. ROTSTEIN

4/25/05 (954) 714-8811

Date

Daytime Phone #