

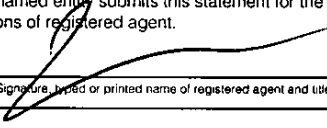
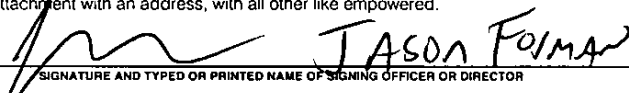


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90035 037 ***150.00

DOCUMENT # P00000008966					
1. Entity Name THE LAW OFFICES OF JASON T. FORMAN, P.A.					
Principal Place of Business 150 E. DAVIE BLVD. # 201 FORT LAUDERDALE, FL 33316			Mailing Address 150 E. DAVIE BLVD. # 201 FORT LAUDERDALE, FL 33316		
2. Principal Place of Business 1209 SE 3rd Ave		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft Lauderdale		City & State FL			
Zip 33316	Country USA	Zip 33316	Country		
4. FEI Number 65-0975023				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORMAN, JASON T 150 E. DAVIE BLVD. FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name: JASON FORMAN Street Address (P.O. Box Number is Not Acceptable): 1209 SE 3rd Ave City: Ft Lauderdale FL Zip Code: 33316		
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: 				DATE: 3-25-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D <input type="checkbox"/> Delete NAME: FORMAN, JASON T STREET ADDRESS: 150 E. DAVIE BLVD. 1209 SE 3rd AVE. CITY-ST-ZIP: FORT LAUDERDALE, FL 33316					
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:					
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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: 				Date: 3-25-05 Daytime Phone #: 954-527-5557	