


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90060 029 \*\*\*150.00

**DOCUMENT # P00000036372**

1. Entity Name  
 ROBERT A. FRIEDMAN, P.A.



Principal Place of Business  
 5760 SHERIDAN ST.  
 HOLLYWOOD, FL 33021

Mailing Address  
 5760 SHERIDAN ST.  
 HOLLYWOOD, FL 33021

2. Principal Place of Business  
 3330 NW 53<sup>rd</sup> St  
 Suite, Apt. #, etc.  
 Suite 306  
 City & State  
 Ft. Lauderdale, FL  
 Zip  
 33309  
 Country  
 US

3. Mailing Address  
 3330 NW 53<sup>rd</sup> St.  
 Suite, Apt. #, etc.  
 Suite 306  
 City & State  
 Ft. Lauderdale, FL  
 Zip  
 33309  
 Country  
 US



04072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 WOLFE, LAWRENCE H  
 2514 HOLLYWOOD BLVD.  
 STE. 508  
 HOLLYWOOD, FL 33020

4. FEI Number  
 65-0998471

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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 D <input type="checkbox"/> Delete	FRIEDMAN, ROBERT A 5760 SHERIDAN ST. HOLLYWOOD, FL 33021	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Friedman, Robert 3330 NW 53 <sup>rd</sup> St. # 306 Ft. Lauderdale, FL 33309
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	

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:** \_\_\_\_\_ **4/13/05** **954-466-0111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #