2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2005 08:00 AM Secretary of State **DOCUMENT # P00000073085** 1. Entity Name RICHARD RUBINSTEIN, P.A. Principal Place of Business Mailing Address 1490 TUSKANILA RD. 212 MORTON LANE WINTER SPRINGS, FL 32708 OVIEDO, FL 32765 CR2E034 (10/03) 04072005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3226606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RUBINSTEIN, RICHARD DO NOT WRITE 212 MORTON LANE WINTER SPRINGS, FL 32708 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NQTE. Registered Agent signature required when revisitating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RUBINSTEIN, RICHARD STREET ADDRESS. 212 MORTON LANE CITY - ST - ZIP WINTER SPRINGS, FL 32708 000000298526 04/11/05-80070-021 150.00 TITLE NAME STHEET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ταιε IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITI E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 empoyees to expect 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 SIGNATURE: SIGNATURE AND THE ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DayLme Phone

FILED