
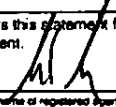
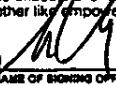


2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/7/2

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-07-2006 90001 037 ***550.00

DOCUMENT # P00000073085					
1. Entity Name RICHARD RUBINSTEIN, P.A.					
Principal Place of Business 1490 TUSKANILA RD. OVIEDO, FL 32765			Mailing Address 212 MORTON LANE WINTER SPRINGS, FL 32708		
2. Principal Place of Business			3. Mailing Address 151 Kentucky Blue Cir.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City Apopka State FLA		
Zip	Country	Zip	Country	4. FEI Number 59-3226606	
32712	USA	32712	USA	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBINSTEIN, RICHARD 212 MORTON LANE WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 151 Kentucky Blue Cir		
			City Apopka State FL Zip Code 32712		
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 7/3/06					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBINSTEIN, RICHARD		NAME		
STREET ADDRESS	212 MORTON LANE		STREET ADDRESS		
CITY - ST - ZIP	WINTER SPRINGS, FL 32708		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 7/14/06 DAYTIME PHONE # (407) 678-8387					
Signature and typed or printed name of signing officer or director					