

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90194 050 \*\*\*150.00

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02182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000013188</b>					
<b>1. Entity Name</b> RICHARD N. KRINZMAN, P.A.					
<b>Principal Place of Business</b> 2601 S BAYSHORE DRIVE 19TH FLOOR MIAMI, FL 33133			<b>Mailing Address</b> 2645 S. BAYSHORE DRIVE SUITE 1101 MIAMI, FL 33133		
<b>2. Principal Place of Business</b> <i>1111 Brickell Ave.</i>		<b>3. Mailing Address</b> <i>1111 Brickell Ave.</i>			
Suite, Apt. #, etc. <i>Suite 2915</i>		Suite, Apt. #, etc. <i>Suite 2915</i>			
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>			
Zip <i>33131</i>	Country <i>USA</i>	Zip <i>33131</i>	Country <i>USA</i>	<b>4. FEI Number</b> 54-2022110	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  KRINZMAN, RICHARD N 2645 S. BAYSHORE DRIVE SUITE 1101 MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <i>1111 Brickell Ave.</i> <i>Suite 2915</i> City <i>Miami</i> <b>FL</b> Zip Code <i>33131</i>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRINZMAN, RICHARD 2645 S BAYSHORE DR STE 1101 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Krinzman Richard 1111 Brickell Ave. Ste 2915 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>DATE:</b> <i>2/21/05</i> <b>DAYTIME PHONE #:</b> <i>305-954-9700</i>					