

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000024095

1. Entity Name
FEDERAL DISABILITY LAW ASSOCIATES, INC.



Principal Place of Business
2450 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33180

Mailing Address
2450 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33180

FILED

05 JUL 29 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07282005 No Chg-P CR2E034 (10/03)

4. FEI Number
90-0054770

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSENBERG, STANLEY M
2450 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33180

**DO NOT WRITE
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

300058355893
08/09/05--01002--024 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROSENBERG, STANLEY
STREET ADDRESS 2450 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #