2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
03-23-2005 90024 028 ***150.00

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1. Entity Name
BRIAN D. GORDON, C.P.A., P.A.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD., SUITE 500 NORTH MIAMI, FL 33181	12550 BISCAYNE BLVD., SUITE 500 NORTH MIAMI, FL 33181

66014092

03182005 No Chg-P CR2E031 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1120609
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, BRIAN D
12550 BISCAYNE BLVD., SUITE 500
NORTH MIAMI, FL 33181

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7. 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

TITLE	PS
NAME	GORDON, BRIAN D
STREET ADDRESS	18884 NW 64 CT.
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	SD
NAME	GORDON, JAZMIN
STREET ADDRESS	18884 NW 64 CT
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 like empowered.

SIGNATURE: Brian D. Gordon Brian D. Gordon 4/26/05 786-344-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #