2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 20, 2005 08:00 AM Secretary of State **DOCUMENT # P01000105273** 1. Entity Name SANTIAGO SZEINBEIN, P.A. Principal Place of Business ___ - Mailing Address 7912 NW 7TH COURT 7912 NW 7TH COURT PLANTATION, FL 33324 PLANTATION, FL 33324 CR2E034 (10/03) 01282005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1145294 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SZEINBEIN, SANTIAGÓ DO NOT WRITE 7912 NW 7TH COURT PLANTATION, FL 33324 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D SZEINBEIN, SÄNTIAGO NAME U00000318980 04/20/05-80080-005 150.00 7912 NW 7TH COURT STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 inclicated 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 receiveror 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #