
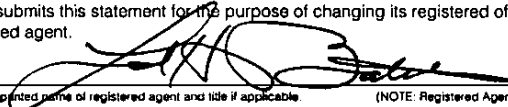



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000105669			
1. Entity Name TED H. BARTELSTONE, P.A.			
Principal Place of Business 2 SOUTH BISCAYNE BOULEVARD ONE BISCAYNE TOWER #2390 MIAMI, FL 33131		Mailing Address 2 SOUTH BISCAYNE BOULEVARD ONE BISCAYNE TOWER #2390 MIAMI, FL 33131	
2. Principal Place of Business 9100 So. Dadeland Blvd Suite, Apt. #, etc. 1500		3. Mailing Address 9100 So. Dadeland Blvd Suite, Apt. #, etc. 1500	
City & State Miami, FL		City & State Miami, FL	
Zip 33156	Country USA	Zip 33156	Country USA
4. FEI Number 01-0550875		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTELSTONE, TED H ESQ. TWO SOUTH BISCAYNE BOULEVARD SUITE 2390 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Ted H. Bartelstone Street Address (P.O. Box Number is Not Acceptable) 9100 So. Dadeland Blvd Ste 1500 City Miami FL Zip Code 33156	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 6/25/06 <small>DATE</small>	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P/D BARTELSTONE, TED H 2 SOUTH BISCAYNE BLVD. #2390 MIAMI, FL 33131	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9100 So. Dadeland Blvd #1500 Miami, FL 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 6/25/06 <small>DATE</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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