

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90011 017 ***150.00

DOCUMENT # P02000008178					
1. Entity Name HOWARD J. HOLLANDER PROFESSIONAL ASSOCIATION					
Principal Place of Business TWO S BISCAYNE BLVD STE 2390 MIAMI, FL 33131			Mailing Address TWO S BISCAYNE BLVD STE 2390 MIAMI, FL 33131		
2. Principal Place of Business <i>Two S. Biscayne Blvd</i> Suite, Apt. #, etc. <i>Suite 1801</i> City & State <i>Miami, FL</i> Zip <i>33131</i>		3. Mailing Address <i>Two S. Biscayne Blvd</i> Suite, Apt. #, etc. <i>Suite 1801</i> City & State <i>Miami, FL</i> Zip <i>33131</i>			
01062005 Chg-P CR2E034 (10/03)				4. FEI Number 95-4893185	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOLLANDER, HOWARD J ESQ. TWO S BISCAYNE BLVD STE 2390 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <i>Howard J. Hollander</i> Street Address (P.O. Box Number is Not Acceptable): <i>Two S. Biscayne Blvd. Suite 1801</i> City: <i>Miami</i> FL Zip Code: <i>33131</i>		
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: <i>Howard J. Hollander</i> <i>Howard J. Hollander President</i> <i>1/5/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	D HOLLANDER, HOWARD J TWO S BISCAYNE BLVD STE 2390 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hollander, Howard J. Two S. Biscayne Blvd. Suite 1801 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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 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: <i>Howard J. Hollander</i> <i>Howard J. Hollander - President</i> <i>1/5/05</i> <i>305-358-4633</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					