



FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000060773		Secretary of State	
1. Entity Name LAUDERDALE OFFICE CENTER, INC.			
Principal Place of Business 1420 BISCAYA MIAMI BEACH, FL 33154		Mailing Address 1420 BISCAYA MIAMI BEACH, FL 33154	
DO NOT WRITE IN THIS SPACE			
		01212005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 82-0547443	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SILVER, SCOTT A 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33131		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 _____ DATE _____ <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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1000000206101 01/31/05-80070-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
D IZHAK, YORAM 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33131			
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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: _____		Date _____ Daytime Phone # _____	