



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90021 011 ***150.00

DOCUMENT # P02000063716 1. Entity Name MARGARET GOLDFARB, P.A.			
Principal Place of Business 9700 SOUTH DIXIE HWY., SUITE 500 MIAMI, FL 33156		Mailing Address 9700 SOUTH DIXIE HWY., SUITE 500 MIAMI, FL 33156	
2. Principal Place of Business 3400 SW 27TH AVE Suite, Apt. #, etc. Suite 1107 City & State Miami, FL Zip 33133		3. Mailing Address 3400 SW 27TH AVE Suite, Apt. #, etc. Suite 1107 City & State Miami, FL Zip 33133	
		40003311 	
		01052005 Chg-P CR2E034 (10/03)	
4. FEI Number 27-0018018		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 GOLDFARB, MARGARET 9700 SOUTH DIXIE HWY., SUITE 500 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Goldfarb, Margaret Street Address (P.O. Box Number is Not Acceptable) 3400 SW 27TH AVE Suite 1107 City Miami FL Zip Code 33133	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLDFARB, MARGARET U 9700 SOUTH DIXIE HWY., SUITE 500 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Goldfarb, Margaret 3400 SW 27TH AVE Suite 1107 Miami, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Margaret Goldfarb, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	