2006 FOR PROFIT CORPORATION

May 01, 2006 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P02000063716** 1. Entity Name MARGARET GOLDFARB, P.A. Principal Place of Business Mailing Address 3400 SW 27TH AVE 3400 SW 27TH AVE **SUITE 1107 SUITE 1107** MIAMI, FL 33133 MIAMI, FL 33133 01272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 27-0018018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDFARB, MARGARET DO NOT WRITE 3400 SW 27TH AVE MIAMI, FL 33133 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GOLDFARB, MARGARET U NAME 3400 SW 27TH AVE SUITE 1107 STREET ADDRESS CAY-ST-ZIP MIAMI, FL 33133 TITLE NAME U00000552676 STREET ADDRESS 05/15/06-80022-010 150.00 City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-7IP

FILED