2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

					Secretary or State		
DOCUMENT # P02000084476 1. Entity Name LAW OFFICES OF CHARLES L. NEUSTEIN, P.A.					04-18-2005	•	
Principal Place of Business 960 ARTHUR GODFREY ROAD SUITE 401 MIAMI BEACH, FL 33140		Mailing Address 960 ARTHUR GODFREY RO SUITE 401 MIAMI BEACH, FL 33140					
2. Principal Place of Business 777 ARTHUR GOD REJAMD 777 HRTHUR GO SUILE, Apt. #, etc. SECOND FLOOR SUILE Apt. #, etc. FLOOR FLOOR SECOND FLOOR					RoA5 04152005 Chg-P	CR2E03	4 (10/03)
City & State	ni BEACH EL	City & State BEAC			4. FEI Number 16-1641743		Applied For Not Applicable
3314	Country MIAMI - DAD	E 33140 1	Country MIAMI.	DA	Certificate of Status Desired 7. Name and Address of New	L ř	68.75 Additional ree Required
							
NEUSTEIN, CHARLES L 960 ARTHUR GODFREY ROAD SUITE 401				CHARLES L. NEUSTEIN, ESQ.			
MIAMI BEACH, FL 33140			SEC	SECOND FLOOR			
		<u> </u>	mil		BEACH	FL	ZigCg9140
8. The above named entity entry its 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 Signature, specific printed matrix of registered agent and this ill applicable. (NOTE: Registered Agent signature required when reinstature) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	- OFFICERS AND		.11.		ADDITIONS/CHANGES TO OF		
NAME NEUSTEIN, CHARLES L ESQ. NA STREET ADDRESS 960 ARTHUR GODFREY ROAD SUITE 401 ST			NAME STREET ADDRESS CITY-ST-ZIP	SECOND FLOUR			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(7)1	Ami BEACH, I	- L 33 ,	☐ Change ☐ Addition
				l			Charles Charles

TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 acculate and that rhy 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 true e 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES L. NEUSTEIN

Daytime Phone #