2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128400

Entity Name: ROBERT S. SHAPIRO AND ASSOCIATES, P.A.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
Current	illicipal Flace C	n Dusilless.	New Fillicipal Flace	of Busilless.	
	LYWOOD BLVD OOD, FL 33020				
Current Mailing Address:			New Mailing Address:		
	LYWOOD BLVD DOD, FL 33020				
FEI Number	: 03-0503018	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BARON, F 11077 BIS MIAMI, FL	CAYNE BLVD #	307			
	e named entity su e of Florida.	bmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E SHAPIRO, ROBE 4530 PRAIRIE AV MIAMI BEACH, FI	/ E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (X) [SHAPIRO, ROBE 4530 PRAIRIE AV MIAMI BEACH, FI	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SHAPIRO PD 04/25/2006