

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90002 020 ***150.00

DOCUMENT # P02000128951

1. Entity Name
ALAN L. POSTMAN, P.A.



Principal Place of Business
**12771 SW 104TH AVENUE
MIAMI, FL 33176-4764**

Mailing Address
**12771 SW 104TH AVENUE
MIAMI, FL 33176-4764**

50053474



2. Principal Place of Business
1295 LAUREL COURT
Suite, Apt. #, etc.

3. Mailing Address
1295 LAUREL COURT
Suite, Apt. #, etc.

05292005 Chg-P CR2E034 (10/03)

City & State
WESTON, FL
Zip
33326 Country
FLORIDA

City & State
WESTON, FL
Zip
33326 Country
FLORIDA

4. FEI Number
59-2028194 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**POSTMAN, ALAN L
12771 SW 104TH AVENUE
MIAMI, FL 33176-4764**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1295 Laurel Court
City **WESTON** FL Zip Code
33326

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: **Alan L. Postman** DATE: **29 May 2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> Delete
NAME	POSTMAN, ALAN L
STREET ADDRESS	12771 SW 104TH AVENUE
CITY-ST-ZIP	MIAMI, FL 331764764
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1295 Laurel Court
CITY-ST-ZIP	WESTON, FL 33326
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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: **Alan L. Postman** DATE: **29 May 2005** DAYTIME PHONE #: **786-436-2222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR