2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 24, 2006 08:00 AM **Secretary of State**

1. Entity Name JOSEPH WEINBERGER P.A.



Principal Place of Business

6157 NW 167 ST F17 MIAMI, FL 33015

Mailing Address

6157 NW 167 ST F17 MIAMI, FL 33015



DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0919010

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINBERGER, JOSEPH 6157 NW 167 ST F17 MIAMI, FL 33015

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	named entity submits this statement for the pitions of registered agent.	urpose of changing Its registered office of	or registered agent, or b	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of repistered agent and title ti	applicable (NOTE, Registered Agent signa	ture required when renatating)	DATE
Fil. After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campalgn Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000446513 03/08/06-80013-022 150.00
10.	OFFICERS AND DIREC	TORS		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP WEINBERGER, JOSEPH 6157 NW 167 ST F17 MIAMI, FL 33015		,	
TITLE NAME STREET ADDRESS				

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I luther 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 cath; 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: -

City-ST-ZiP TOTLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

DATE

DATE