


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90014 036 \*\*\*550.00

<b>DOCUMENT # P03000033076</b>	
1. Entity Name <b>LAW OFFICES OF MITCHELL A. SHERMAN, P.A.</b>	

Principal Place of Business <b>1301 N. CONGRESS AVE. SUITE 210 BOYNTON BEACH, FL 33426 US</b>	Mailing Address <b>1301 N. CONGRESS AVE. SUITE 210 BOYNTON BEACH, FL 33426 US</b>
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2. Principal Place of Business <b>7593 Boynton Bch. Blvd. Suite, Apt. #, etc. Suite 210 City &amp; State Boynton Beach, Florida Zip 33437</b>	3. Mailing Address <b>7593 Boynton Bch. Blvd. Suite, Apt. #, etc. Suite 210 City &amp; State Boynton Beach, Florida Zip 33437</b>
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02252005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0219628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SHERMAN, MITCHELL A 1301 N. CONGRESS AVE. SUITE 210 BOYNTON BEACH, FL 33426</b>	7. Name and Address of New Registered Agent Name <b>Sherman, Mitchell A.</b> Street Address <b>7593 Boynton Beach Blvd.</b> Suite <b>Suite 210</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33437</b>
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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.

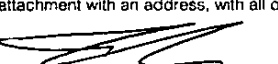
SIGNATURE  DATE **3/16/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHERMAN, MITCHELL A ESQ.</b> <b>1301 N. CONGRESS AVE., SUITE 210</b> <b>BOYNTON BEACH, FL 33426</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Sherman, Mitchell A., Esq.</b> <b>7593 Boynton Beach Blvd., Suite 210</b> <b>Boynton Beach, Florida 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/16/05** DAYTIME PHONE # **(561) 738-1202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR