


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90015 012 ***150.00

DOCUMENT # P03000060191	
1. Entity Name FISHMAN ASSOCIATES, CERTIFIED PUBLIC ACCOUNTANTS, P.A.	

Principal Place of Business 11476 OHANU CIRCLE BOYNTON BEACH, FL 33437	Mailing Address 11476 OHANU CIRCLE BOYNTON BEACH, FL 33437
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40045215



2. Principal Place of Business 1761 W HILLSBORO	3. Mailing Address 1761 W HILLSBORO BLVD
Suite, Apt. #, etc. 408	Suite, Apt. #, etc. 408

04032006 Chg-P CR2E034 (11/05)

City & State DEERFIELD BEACH FL	City & State DEERFIELD BEACH FL
Zip 33442	Zip 33442
Country USA	Country USA

4. FEI Number 42-1596500	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FISHMAN, MANUEL S 11476 OHANU CIRCLE BOYNTON BEACH, FL 33437
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.	APR 3 2006
SIGNATURE <i>Manuel S. Fishman, Pres</i>	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME FISHMAN, MANUEL S	
STREET ADDRESS 11476 OHANU CIRCLE	
CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE V PRES	<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 V PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEIL H FISHMAN	
STREET ADDRESS 8952 CHESNUT RIDGE WAY	
CITY-ST-ZIP BOYNTON BEACH FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: <i>Manuel S. Fishman, Pres</i>	APR 3 2006 <i>954-698-7111</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #