


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90327 032 \*\*\*150.00

**DOCUMENT # P03000073707**

1. Entity Name  
 MICHAEL J. ALMAN, P.A.



Principal Place of Business  
 3109 STIRLING ROAD  
 101  
 FT LAUDERDALE, FL 33312

Mailing Address  
 17290 N.E 19TH AVENUE  
 NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE IN THIS SPACE**

40074033



03122006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0576132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ALMAN, MARTIN H  
 17290 NE 19TH AVE.  
 N. MIAMI BCH, FL 33162

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PDS ALMAN, MICHAEL J 3109 STIRLING ROAD #101 FT LAUDERDALE, FL 33312
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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 an other like empowered

SIGNATURE:  **MICHAEL J. ALMAN** 3/14/06 954-967-3458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone