


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90053 030 \*\*\*150.00

<b>DOCUMENT # P03000089706</b> 1. Entity Name <b>SETH J. MITTLEMAN, P.A.</b>																																																																																							
Principal Place of Business <b>6606 JACQUES WAY LAKE WORTH, FL 33463</b>		Mailing Address <b>6606 JACQUES WAY LAKE WORTH, FL 33463</b>																																																																																					
2. Principal Place of Business <b>8659 WOODGROVE HARBOR LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>8659 WOODGROVE HARBOR LANE</b> Suite, Apt. #, etc.																																																																																					
City & State <b>BOYNTON BEACH, FL.</b> Zip <b>33437</b>		City & State <b>BOYNTON BEACH, FL.</b> Zip <b>33437</b>																																																																																					
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>																																																																																					
4. FEI Number <b>56-2389812</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent  <b>MITTLEMAN, SETH J 6606 JACQUES WAY LAKE WORTH, FL 33463</b>		7. Name and Address of New Registered Agent Name <b>SETH J. MITTLEMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8659 WOODGROVE HARBOR LANE</b> City <b>BOYNTON BEACH</b> FL Zip Code <b>33437</b>																																																																																					
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 <i>Seth Mittelman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Seth Mittelman</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																					
DATE <i>2-21-06</i> <small>DATE</small>																																																																																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D <input type="checkbox"/> Delete</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">SETH J. MITTLEMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MITTLEMAN, SETH J</td> <td>NAME</td> <td>8659 WOODGROVE HARBOR LANE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6606 JACQUES WAY</td> <td>STREET ADDRESS</td> <td>BOYNTON BEACH, FL 33437</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33463</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	D <input type="checkbox"/> Delete	TITLE	SETH J. MITTLEMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MITTLEMAN, SETH J	NAME	8659 WOODGROVE HARBOR LANE	STREET ADDRESS	6606 JACQUES WAY	STREET ADDRESS	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 all other like empowered.																																																																																							
SIGNATURE: <i>Seth Mittelman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Seth Mittelman</i> <small>Date</small>																																																																																					
DATE <i>2-21-06</i> <small>Daytime Phone #</small>																																																																																							