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Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90053 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000043465

1. Entity Name
GOLDBERG & ROSEN, P.A.

40005630

Principal Place of Business
1101 BRICKELL AVE #900
MIAMI, FL 33131

Mailing Address
1101 BRICKELL AVE #900
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1111 Brickell Ave.	1111 Brickell Ave.
Suite, Apt. #, etc: Suite 2180	Suite, Apt. #, etc: Suite 2180
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 / Country:	Zip: 33131 / Country:

01222007 Chg-P CR2E034 (12/06)

4. FEI Number: 54-2148091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSEN, JUDD G 1101 BRICKELL AVE #900 MIAMI, FL 33131	Name: Rosen, Judd G. Street Address (P.O. Box Number Is Not Acceptable): 1111 Brickell Ave., Suite 2180 City: Miami FL Zip Code: 33131

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOLDBERG, GLENN Z 1101 BRICKELL AVE #900 MIAMI, FL 33131	☐ Delete	P Goldberg, Glenn Z. 1111 Brickell Ave., Suite 2180 Miami, Florida 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ROSEN, JUDD G 1101 BRICKELL AVE #900 MIAMI, FL 33131	☐ Delete	ST Rosen, Judd G. 1111 Brickell Ave., Suite 2180 Miami, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] Pres. 1/22/07 (305) 374-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #