


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90064 049 ***150.00

DOCUMENT # P0400005238	
1. Entity Name JOFFE & JOFFE, P.A.	

Principal Place of Business 1776 NORTH PINE ISLAND ROAD SUITE 326 FORT LAUDERDALE FL 33326-5235	Mailing Address 1776 NORTH PINE ISLAND ROAD SUITE 326 FORT LAUDERDALE FL 33326-5235
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20022552



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 1 EAST BROWARD BLVD.	3. Mailing Address 1 EAST BROWARD BLVD # 700
Suite, Apt. #, etc. # 700	Suite, Apt. #, etc. 700

City & State PT. LAUDERDALE	City & State PT. LAUDERDALE FL	4. FEI Number 56-2449505	Applied For Not Applicable
Zip 33301	Country USA	Zip 33301	Country USA

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
JOFFE, DAVID J 1776 NORTH PINE ISLAND ROAD SUITE 326 FORT LAUDERDALE FL 33326-5235

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.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVID J JOFFE 1 EAST BROWARD BLVD # 700 FT. LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: DAVID J JOFFE  **3/11/05** **954 723000**

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