


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000057698 1. Entity Name LES M. GORDON & ASSOCIATES, P.A.						05 NOV 30 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7432 WILES ROAD CORAL SPRINGS, FL 33067				Mailing Address 7432 WILES ROAD CORAL SPRINGS, FL 33067			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 11082006				Chg-P		CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, LES M 1691 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 <u>LES M. GORDON</u> 11-9-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GORDON, LES M 1691 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary LINDA SHARP 9356 SW 8 ST # 420 Boca Raton, FL 33428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400092178264 11/30/06--01045--008 **\$1.25			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400092178264 11/30/06--01045--008 **\$1.25		
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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 <u>LES M. GORDON</u>				11-9-06 954-753-9111			