## FILED Mar 29, 2006 8:00 am Secretary of State

ANNUAL REPORT	MIION

DOCUMENT # P05000088724  1. Entity Name LAW OFFICES OF ERWIN H. GREENBERG, P. A.							03-29-200	6 90128	041 ***1	50.00	
Principal Place of Business 16063 FAIRWAY CIRCLE SUITE #68 WESTON, FL 33326 US			Mailing Address 16063 FAIRWAY CIRCLE SUITE #68 WESTON, FL 33326 US								
2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			02202006	Chg-P		34 (11/05)	
City & State			City	City & State			4. FEI Numb	<sup>96</sup> 306800	7	<u> </u>	oplied For of Applicable
Zip	·	Country	Zip	Zip Cour		itry	ŀ	e of Status Desired	П	\$8.75 Add Fee Require	
	6. Name	and Address of Current	Register	ed Agent -		Name	7. Name and	d Address of New F	Registered	Agent -	
GREENBERG, ERWIN H 16063 FAIRWAY CIRCLE					Street Address (P.O. Box Number is Not Acceptable)						
SUITE #68 WESTON,		3									
		À.				City			FL	Zip Cod	e
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		ь.							8.177		
	Signature, typed	or printed name of registered agent	and little it epi	olicable. (NOTE:	; Registere	d Agent signature required	when reinstating)	<u> </u>	DATE		<del></del>
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTO		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE NAME					TITLI NAM					Change	Addition
STREET ADDRESS CITY-ST-ZIP	16063 FAIRWAY CIRCLE STRI				EE1 ADDRESS -ST-ZIP						
TITLE	S/T Delete TITL								Change	☐ Addition	
NAME STREET ADDRESS	GREENBERG, HILDA 16063 FAIRWAY CIRCLE			NAME STREET ADDRESS							
CITY-ST-ZIP	WESTON, FL 33326 CITY				- ST- ZIP				☐ Change	Addition	
NAME.				C) Delete	NAM	l l				Change	_ Addition
STREET ADDRESS CITY-ST-ZIP	}					et address - St- zip					
TITLE				☐ Delete	TITLE	i				☐ Change	Addition
name Street address					NAM STRE	ET ADDRESS					
CITY-ST-ZIP				<u> </u>	-	-ST-ZIP					
TITLE NAME				☐ Delete	NAM					☐ Change	☐ Addition
STREET ADDRESS CITY-\$1-ZIP						ET ADDRESS -ST-ZIP					
TITLE				☐ Delete	TITLE	1				Change	Addition
NAME STREET ADDRESS					NAM	E Et address					
CITY-ST-ZIP	<u></u>					-S1-ZIP				<del> </del>	
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 reserver 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 expowered.											
SIGNATURE: 3/20/66 954-389-1182											