2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-08-2006 90188 006 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P05000114851

1. Entity Name

MCCULLOUGH & LEBOFF, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BOULEVARD 201 CORAL GABLES FL 33134 US	3211 PONCE DE LEON BOULEVARD 201 CORAL GABLES FL 33134 US

2. Principal Place of Business		3. Mailing Address	
2901 Stirling Rd		2901 Stirling Rd	
Suite, Apt. #, etc.: # 207		Suite, Apt. #, etc.: # 207	
City & State: Ft Lauderdale Fl		City & State: Ft Lauderdale, Fl	
Zip: 33312	Country: USA	Zip: 33312	Country: USA

4. FEI Number: 20-3299317 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCULLOUGH, SCOTT T ESQ.
3211 PONCE DE LEON BOULEVARD
201
CORAL GABLES FL 33134

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P ☐ Delete	TITLE	P ☑ Change ☐ Addition
NAME	MCCULLOUGH, SCOTT T ESQ.	NAME	McCullough Scott
STREET ADDRESS	3211 PONCE DE LEON BOULEVARD, SUITE 201	STREET ADDRESS	2901 Stirling Rd, Suite 207
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	Ft Lauderdale, Fl 33312
TITLE	VP ☐ Delete	TITLE	VP ☑ Change ☐ Addition
NAME	LEBOFF, BETH R ESQ.	NAME	Leboff Beth
STREET ADDRESS	3211 PONCE DE LEON BOULEVARD, SUITE 201	STREET ADDRESS	2901 Stirling Rd, Suite 207
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	Ft Lauderdale, Fl 33312
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 2/23/06 9549893435

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