2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 23, 2006 8:00 am Secretary of State DOC/MENT # P05000165871 03-14-2006 90014 034 ***150.00 RICHARD J HORWICH, P.A. Principal Place of Business Mailing Address 1541 SUNSET DR., SUITE 202 CORAL GABLES FL 33143 1541 SUNSET DR., SUITE 202 CORAL GABLES FL 33143 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HORWICH, RICHARD J Street Address (P.G. Box Numberns Not Acceptable) 1541 SUNSET DR., SUITE 202 CORAL GABLES FL 33143 City 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: typical or present name of registered agent and tale it applicable (NOTE: Registored Again signature rouseed when (ownstativity) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MILE Detete fille ☐ Change Addition MAME HORWICH, RICHARD J HALLE 1541 SUNSET DR., SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZP CORAL GABLES FL 33143 CITY-ST-ZIP ST mu ☐ Delete TITLE ☐ Change Addition HANG HORWICH, FRANCINE HALLE 1541 SUNSET DR., SUITE 202 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33143 [41)4 . _ Delete np.r Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Oetete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZIP THTLE Octese TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 planer like empowered. Toruch RICHARD J. HORWICH uland 1 SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Corporations

March 16, 2006

RICHARD J HORWICH, P.A. 1541 SUNSET DR., SUITE 202 CORAL GABLES, FL 33143

Subject: RICHARD J HORWICH, P.A.

Reference Numbery

P0500016587

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

3/21/06

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION