2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000002258

1. Entity Name
DANIEL H. FORMAN, P.A.

Principal Place of Business	Mailing Address
1401 BRICKELL AV STE 800 MIAMI, FL 33131 US	1401 BRICKELL AV STE 800 MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

04242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0370429	Not Applicable

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

6. Name and Address of Current Registered Agent

FORMAN, DANIEL H
1401 BRICKELL AVE
STE 800
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000557207 05-09/06-80006-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	FORMAN, DANIEL H
STREET ADDRESS	1401 BRICKELL AVE, STE 800
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ DANIEL H. FORMAN _____ 4-25-06 _____ 305-577-8888

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