


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000014909 1. Entity Name SHAPIRO, BLASI & WASSERMAN, P.A.	
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Principal Place of Business 7777 GLADES RD SUITE 110 BOCA RATON, FL 33434 US	Mailing Address 7777 GLADES RD SUITE 110 BOCA RATON, FL 33434 US
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0376849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, MICHAEL B
7777 GLADES RD
SUITE 110
BOCA RATON, FL 33434

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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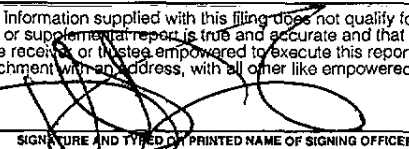
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SHAPIRO, MICHAEL B 7777 GLADES RD., STE 200 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DECTOR, ANDREW M 7777 GLADES ROAD, SUITE 110 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLASI, ANDREW 7777 GLADES RD STE 200 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WASSERMAN, JEFFREY P 7777 GLADES ROAD, SUITE 110 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVINE, DANIEL R 7777 GLADES ROAD, SUITE 110 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

03/10/05-80033-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/8/05** **SL-477-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #