
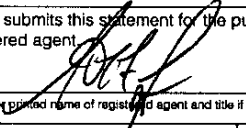
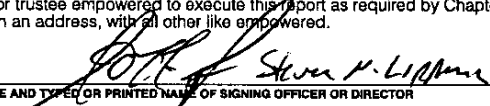


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90012 027 \*\*\*150.00

<b>DOCUMENT # P93000007739</b>					
<b>1. Entity Name</b> LIPPMAN VALINSKY & STORFER, P.A.					
<b>Principal Place of Business</b> 100 NE 3RD AVE SUITE 610 FT. LAUDERDALE, FL 33301 US			<b>Mailing Address</b> 100 NE 3RD AVE SUITE 610 FT. LAUDERDALE, FL 33301 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 300 SE 2 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 860			
City & State		City & State Ft. Lauderdale, FL			
Zip	Country	Zip 33301	Country Brazil	08242005 Chg-P CR2E034 (10/03)	
<b>4. FEI Number</b> 65-0395109				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LIPPMAN, STEVEN N 100 NE 3RD AVE SUITE 610 FT. LAUDERDALE, FL 33301			<b>7. Name and Address of New Registered Agent</b>		
Name			300 SE 2 Street, Suite 860		
Street Address (P.O. Box Number is Not Acceptable)			City Ft. Lauderdale FL Zip Code 33301		
<b>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.</b> SIGNATURE:  DATE: 8/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TESCHER, HOWARD A 100 NE 3RD AVE STE. 610 FT. LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LIPPMAN, STEVEN N 100 NE 3RD AVE STE. 610 FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 SE 2 Street, Suite 860 Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALINSKY, JAY L 100 NE 3RD AVE STE. 610 FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	750 SE 3 Ave, Suite 1 Ft. Lauderdale, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 8/24/05 Daytime Phone #: 954-315-7261		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					