


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90135 049 ***150.00

DOCUMENT # P93000010943

1. Entity Name
WEINBERG & COMPANY, P.A.



Principal Place of Business Mailing Address

6100 GLADES ROAD **6100 GLADES ROAD**
SUITE 314 **SUITE 314**
BOCA RATON, FL 33434 US **BOCA RATON, FL 33434 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03292006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0386288 Not Applicable

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

6. Name and Address of Current Registered Agent

WEINBERG, BRUCE
3795 WOODFIELD COURT
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name: **Weinberg, Bruce**
 Street Address (P.O. Box Number is Not Acceptable): **10058 N. Springs Way**
 City: **Coral Springs** FL Zip Code: **33076**

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:  **Bruce Weinberg** DATE: **4/1/06**

Signature, typed or printed name of registered agent, and date of registration. (NOTE: Registered Agent signature required when re-registering)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, ELLIOTT A	NAME	
STREET ADDRESS	4160 NW 100TH AVE	STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS, FL	CITY- ST- ZIP	CORAL SPRINGS, 33065
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, BRUCE	NAME	Vice President BRUCE WEINBERG
STREET ADDRESS	3795 WOODFIELD CT.	STREET ADDRESS	10058 N. Springs Way
CITY- ST- ZIP	COCONUT CREEK, FL 33073	CITY- ST- ZIP	CORAL SPRINGS, FL 33073
TITLE	SECR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOKRYMAN, JAMES	NAME	
STREET ADDRESS	5111 NW 48TH AVE.	STREET ADDRESS	
CITY- ST- ZIP	COCONUT CREEK, FL 33073	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **Bruce Weinberg** Date: **4/1/06** Daytime Phone #: **561 4875765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR