

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90037 025 \*\*\*150.00

<b>DOCUMENT # P93000015710</b>	
1. Entity Name RICE, ROBINSON & SCHILLER, P.A.	



Principal Place of Business 848 BRICKELL AVE STE 1100 MIAMI, FL 33131 US	Mailing Address 848 BRICKELL AVE STE 1100 MIAMI, FL 33131 US
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0112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 101 NE 3rd Ave Suite, Apt. #, etc. 1800 City & State Ft. Lauderdale, FL Zip 33301 Country Broward	3. Mailing Address 101 NE 3rd Ave Suite, Apt. #, etc. 1800 City & State Ft. Lauderdale, FL Zip 33301 Country Broward
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4. FEI Number 65-0388633	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICE, ARTHUR H 848 BRICKELL AVE STE 1100 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Arthur H. Rice Street Address (P.O. Box Number is Not Acceptable) 101 NE 3rd Ave Suite 1800 City Ft. Lauderdale, FL Zip Code 33301
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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: DATE: 1/11/06

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, ARTHUR H 848 BRICKELL AVE. STE. 1100 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur H. Rice 101 NE 3rd Ave Ste 1800 Ft. Lauderdale, FL 33301 <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
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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

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: DATE: 1/11/06 305-341-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR