


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
7/22/2005-90020-038-\$100.00-\$100.00  
**Aug 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000017477</b> 1. Entity Name <b>STEVEN M. BLOOM, P.A.</b>	
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Principal Place of Business <b>2600 NORTH ANDREWS AVENUE WILTON MANORS, FL 33311 US</b>	Mailing Address <b>2600 NORTH ANDREWS AVENUE WILTON MANORS, FL 33311</b>
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**DO NOT WRITE IN THIS SPACE**




07142005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0389695</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**BLOOM, STEVEN M  
2600 NORTH ANDREWS AVENUE  
WILTON MANORS, FL 33311**

**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  DATE **7/19/05**

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

<b>FILE NOW!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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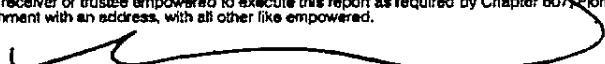
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BLOOM, STEVEN M 2600 NORTH ANDREWS AVENUE WILTON MANORS, FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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08/19/05-80002-011 50.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 **7/19/05** (954) 630-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR