## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 06, 2005 08:00 AM Secretary of State

DOCUMENT # P93000032514  1. Entity Name JAY FELDMAN, COUNSELLOR-AT-LAW, PROFESSIONAL ASSOCIATION					Secretary of State
	e of Business	Mailing Address			
8333 W MCN 228	IAB RD ==	8333 W MCNAB RD 228			
TAMARAC, FL	_ 33321 US	TAMARAC, FL 33321 US	Marine Marine and the control of the		
					8
DO NOT WRITE IN THIS SPACE			CE .	01032005 4. FEI Numb 65-039	Not Applicable
	6 Name and Address of Curren	t Registered Agent		5. Certificate	of Status Desired
FELDMAN, JAY 8333 W MCNAB RD 228 TAMARAC, FL 33321			DO NOT WRITE IN THIS SPACE		
8. The above named entity submission of 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 of the state of Florida.					
SIGNATURE Signature, typed or piloted of the of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
10,	OFFICERS AN	DIRECTORS			
TITLE	P COMAN (A)				
NAME STREET ADDRESS	FELDMAN, JAY 8333 W MCNAB RD				
CITY-ST-ZIP	TAMARAC, FL 33321				
TITLE			1		900000172711 91/06/05-80010-005 150,00
name Street address					0347004024900001700 190700
CITY-ST-ZIP	t 				
TITLE					
NAME			1		
STREET ADDRESS CITY-ST-ZIP			1	DO	NOT WRITE
TITLE			1	INI '	THIS SPACE
NAME			1	114	IIIIO OI ACL
STREET ADDRESS CITY-ST-ZIP					
TITLE					· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS					-
CITY-ST-ZIP					
TITLE		The state of the s			
NAME					
STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this flind 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 export is supplemental export is supplemental executed 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 empowerest 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 an other like empowered.  SIGNATURE:					
SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					