

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000032928

Entity Name: THOMAS LEVINSON, P.A.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

918 ALFONSO AVENUE
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

918 ALFONSO AVENUE
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0411272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINSON, THOMAS B
918 ALFONSO AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVINSON, THOMAS B
Address: 918 ALFONSO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: LEVINSON, SANDRA
Address: 918 ALFONSO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS B LEVINSON

D

04/19/2005

Electronic Signature of Signing Officer or Director

Date