
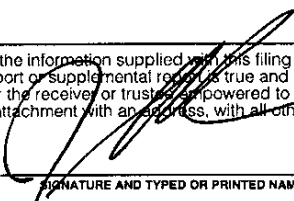


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90329 046 ***150.00

DOCUMENT # P93000035007 1. Entity Name JOSEPH S. ROSENBAUM, PA																																					
Principal Place of Business 2400 SOUTH DIXIE HIGHWAY SUITE 105 MIAMI, FL 33133				Mailing Address 2400 SOUTH DIXIE HIGHWAY SUITE 105 MIAMI, FL 33133																																	
2. Principal Place of Business 2937 SW 27th Avenue Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33133		3. Mailing Address 2937 SW 27th Avenue Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33133		4. FEI Number 65-0429614 Applied For <input type="checkbox"/> Not Applicable																																	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent ROSENBAUM, JOSEPH S 2400 SOUTH DIXIE HIGHWAY SUITE 105 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Rosenbaum, Joseph S. Street Address (P.O. Box Number is Not Acceptable) 2937 SW 27th Avenue Suite 101 City Miami FL Zip Code 33133																																	
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: 4/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D ROSENBAUM, JOSEPH S <input checked="" type="checkbox"/> Delete 2400 S DIXIE HWY #105 MIAMI, FL 33133 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBAUM, JOSEPH S <input checked="" type="checkbox"/> Delete 2400 S DIXIE HWY #105 MIAMI, FL 33133															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> Joseph S. Rosenbaum <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2937 SW 27th Avenue, Suite 101 Miami, FL 33133 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph S. Rosenbaum <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2937 SW 27th Avenue, Suite 101 Miami, FL 33133														
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12. I hereby certify that the information supplied in this filing 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 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:  Joseph S. Rosenbaum 4/14/05 (305)446-6099 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					