


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90202 020 ***150.00

| | | | | |
|---|------------------------------------|---|---|--|
| DOCUMENT # P93000043290 | | | |  |
| 1. Entity Name ALAN FRANKEL & ASSOCIATES, P.A. | | | | |
| Principal Place of Business 12313 SW 123 TERR MIAMI, FL 33186 US | | Mailing Address 12313 SW 123 TERR MIAMI, FL 33186 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| 6. Name and Address of Current Registered Agent HOMER, JEFFREY 7931 SW 45TH STREET DAVIE, FL 33328 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FRANKEL, ALAN | NAME | | |
| STREET ADDRESS | 12313 SW 123 TERR | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33186 | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with 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: <u>Alan J. Frankel</u> | | Alan Frankel, Resident | | Date: <u>4/29/05</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Daytime Phone #</small> <u>(305) 588-4500</u> |