

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000044912



1. Entity Name  
 SOBEL & MEIVES, P.A.

Principal Place of Business  
 515 E LAS OLAS BLVD.  
 S-1010  
 FT. LAUDERDALE, FL 33301

Mailing Address  
 515 E LAS OLAS BLVD.  
 S-1010  
 FT. LAUDERDALE, FL 33301



02282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0424096 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOBEL, MICHAEL A  
 515 E LAS OLAS BLVD.  
 S-1010  
 FT. LAUDERDALE, FL 33301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOBEL, MICHAEL A
STREET ADDRESS	515 E LAS OLAS BLVD., S-1010
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D
NAME	MEIVES, MARY J
STREET ADDRESS	515 E LAS OLAS BLVD., S-1010
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1101000460226  
 03/28/06 00001-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 3/6/06 (954) 524-5900