
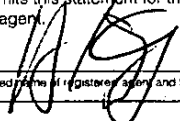



FILED
Apr 18, 2005 8:00 am
Secretary of State

ZVVVVV-

DOCUMENT # P93000085462				04-18-2005 90550 002 ***150.00	
1. Entity Name KRANOWITZ & TENENBAUM, CPA'S, P.A.					
Principal Place of Business 915 MIDDLE RIVER DR. SUITE 500 FORT LAUDERDALE, FL 33304		Mailing Address 915 MIDDLE RIVER DR. SUITE 500 FORT LAUDERDALE, FL 33304			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0454495	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TENENBAUM, ARTHUR T 915 MIDDLE RIVER DR. SUITE 500 FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name KRANOWITZ, HYMAN Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DR. SUITE 500 City FORT LAUDERDALE FL Zip Code 33304		
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 4/15/05					
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 NAME STREET ADDRESS CITY-ST-ZIP	D TENENBAUM, ARTHUR T 915 MIDDLE RIVER DR., SUITE 500 FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRANOWITZ, HYMAN 915 MIDDLE RIVER DRIVE SUITE 500 FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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  DATE 4/15/05 DAYTIME PHONE # 954-563-6404		