2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P94000025296 1. Entity Name ALLAN M. GLASER, P.A. Principal Place of Business Mailing Address 11900 BISCAYNE BLVD. 11900 BISCAYNE BLVD. SUITE 807 MIAMI FL 33181 SUITE 807 MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0478577 Not Applicat Zip Country \$8.75 Additional ZID Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLASER, ALLAN M Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD. SUITE 807 MIAMI FL 33181 Zip Code City 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 Crumature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when revisibling) DATE FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition | ☐ Change MLE **DPST** ☐ Defete TITLE 000000488739 NAME NAME GLASER, ALLAN M 04/17/06-50018-024 150.00 11900 BISCAYNE BLVD., SUITE 807 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-2IP MIAMI FL 33181 Addition | TITLE ☐ Delete ☐ Change NAME 148107 STREET ACORESS STREET ADDRESS City-ST-ZIP CITY - ST-ZIP 4341 ☐ Octobe ☐ Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C3TY-\$1-7(P ☐ Change ☐ Addition Delete TUTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-22 ☐ Change ☐ Addition 11711 Delete TITLE NAME NAM STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHIY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 path, 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 appowered.

**FILED** 

3/29/06