2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State
02-18-2005 90050 033 ***150.00

DOCUMENT # P95000024512

1. Entity Name
ROBERT GREENBERG, P.A.

Principal Place of Business	Mailing Address
4725 N.W. 113TH AVE. SUNRISE FL 33323	4725 N.W. 113TH AVE. SUNRISE FL 33323

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
2809 SW Pierson Rd	2809 SW Pierson Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie, FL	City & State: Port St Lucie, FL
Zip: 34953 Country: USA	Zip: 34953 Country: USA

4. FEI Number 65-0571286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, ROBERT
4725 N.W. 113TH AVE.
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name: Robert Greenberg
Street Address (P.O. Box Number is Not Acceptable): 2809 SW Pierson Rd
City: Port St Lucie **FL** Zip Code: 34953

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: [signature] Robert Greenberg Pres DATE: 2/12/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 GREENBERG, ROBERT 4725 N.W. 113TH AVE. SUNRISE FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Robert Greenberg 2809 SW Pierson Rd Port St Lucie, FL 34953	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Robert Greenberg 2/12/2005 772-340-7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #