2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90089 001 ***150.00

DOCUMENT # P95000024512

1. Entity Name
ROBERT GREENBERG, P.A.

Principal Place of Business	Mailing Address
2809 SW PIERSON RD PORT SAINT LUCIE FL 34953	2809 SW PIERSON RD PORT SAINT LUCIE FL 34953

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
1861 SW Grant Ave	1861 SW Grant Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Port
City & State: Port St Lucie FL	City & State: Port St Lucie FL
Zip: 34953 Country: St Lucie	Zip: 34953 Country: St Lucie

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
2809 SW PIERSON RD
PORT SAINT LUCIE FL 34953

7. Name and Address of New Registered Agent

Name: Robert Greenberg
Street Address (P.O. Box Number is Not Acceptable): 1861 SW Grant Ave
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GREENBERG, ROBERT		NAME	Robert Greenberg	
STREET ADDRESS	2809 SW PIERSON RD		STREET ADDRESS	1861 SW Grant Ave	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953		CITY-ST-ZIP	Port St Lucie, FL 34953	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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 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: Robert Greenberg Robert Greenberg 2/15/2006 772-340-7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #