


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
 Jan 29 2005 08:00 AM  
 Secretary of State

DOCUMENT # P95000026937  
 1. Entity Name  
 GARY C. MATZNER, P.A.



Principal Place of Business 201 S. BISCAYNE BLVD 22ND FLOOR MIAMI, FL 33131 US	Mailing Address 201 S. BISCAYNE BLVD 22ND FLOOR MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0573170	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  
 GARY C MATNER  
 201 S. BISCAYNE BLVD  
 22ND FLOOR  
 MIAMI, FL 33131

**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 retreating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATZNER, GARY C 201 S. BISCAYNE BLVD, 22ND FLOOR MIAMI, FL 33131
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01/29/05-80016-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] PRESIDENT 1/28/2005 305-250-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #