2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND

FILED Jan 24, 2005 08:00 AM DOCUMENT # P95000032130 **Secretary of State** 1. Entity Name DANIEL A. GOLDSTEIN, P.A. Mailing Address Principal Place of Business =___ 250 BIRD RD. STE. 302 CORAL GABLES FL 33146 US CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0577702 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSTEIN, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 250 BIRD RD. STE. 302 **MIAMI FL 33146** City Zip Code 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Pavable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition PTD ☐ Delete THILE HILLE GOLDSTEIN, DANIEL A NAME NAME STREET ADDRESS STREET ADDRESS 250 BIRD RD, STE, 302 CITY-ST-ZIP CORAL GABLES FL 33146 CHY-ST-ZM 1(1) F ☐ Change ☐ Addition TITLE Delete U00000193593 01/25/05-80066-016 150,00 NAME GOLDSTEIN, JENNIFER R STREET ADDRESS 250 BIRD RD., STE. 302 STREEF ADDRESS CITY-ST ZIE CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Change ☐ Addition TITLE ☐ Delete THLE МАМЕ NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY-S1-28 Delete Change Addition TITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-20 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS. STREET ADDRESS CHIY-SI-ZIF CHY-SI-78 Change ☐ Addition HILE ☐ Delete TITLE 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 exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information inclicated on this report or supplemental eport is true and accurate and the 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 trusted 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 life. Exposured.

A. GOLDSTEIN 01-19-05 305-449-3553