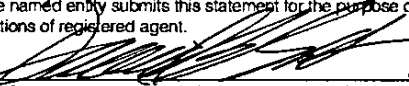
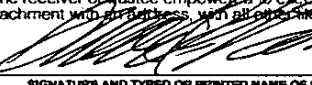


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90191 026 ***150.00

DOCUMENT # P95000032130					
1. Entity Name DANIEL A. GOLDSTEIN, P.A.					
Principal Place of Business 250 BIRD RD. STE. 302 CORAL GABLES, FL 33146 US			Mailing Address 250 BIRD RD. STE. 302 CORAL GABLES, FL 33146 US		
2. Principal Place of Business 9100 S. DADELAND BLVD. Suite/Apt. #, etc. 415 City & State MIAMI, FL Zip 33156 Country USA		3. Mailing Address 9100 S. DADELAND BLVD. Suite/Apt. #, etc. 415 City & State MIAMI, FL Zip 33156 Country USA			
6. Name and Address of Current Registered Agent GOLDSTEIN, DANIEL A 250 BIRD RD. STE. 302 MIAMI, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9100 S. DADELAND BLVD. SUITE 415 City MIAMI FL Zip Code 33156	
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  DANIEL A. GOLDSTEIN 01-10-05 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		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	PTD GOLDSTEIN, DANIEL A 250 BIRD RD, STE. 302 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9100 S. DADELAND BLVD., SUITE 415 MIAMI, FL 33156	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSTEIN, JENNIFER R 250 BIRD RD., STE. 302 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9100 S. DADELAND BLVD., SUITE 415 MIAMI, FL 33156	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 exemptions contained in Chapter 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 attachments, with all other like exceptions.					
SIGNATURE: 		DANIEL A. GOLDSTEIN		01-10-05	305-670-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	