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	Mailing Address
250 BIRD RD. STE. 302 CORAL GABLES, FL 33146 US	250 BIRD RD. STE. 302 CORAL GABLES, FL 33146 US

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
9100 S. DADELAND BLVD.		9100 S. DADELAND BLVD.	
Suite, Apt. #, etc. 415		Suite, Apt. #, etc. 415	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33156	Country USA	Zip 33156	Country USA

4. FEI Number 65-0577702 ☐ Applied For ☐ Not Applicable

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

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 [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	PTD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GOLDSTEIN, DANIEL A		NAME		
STREET ADDRESS	250 BIRD RD, STE. 302		STREET ADDRESS	9100 S. DADELAND BLVD., SUITE 415	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	S	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GOLDSTEIN, JENNIFER R		NAME		
STREET ADDRESS	250 BIRD RD., STE. 302		STREET ADDRESS	9100 S. DADELAND BLVD., SUITE 415	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	MIAMI, FL 33156	
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		
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 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 an address, with all other like empowered.

SIGNATURE: [signature] DANIEL A. GOLDSTEIN 01-10-05 305-670-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #