


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000052410

1. Entity Name
SAMUEL R. HALPERN, P.A.



Principal Place of Business
**2856 EAST OAKLAND PARK BLVD.
 FORT LAUDERDALE, FL 33306**

Mailing Address
**2856 EAST OAKLAND PARK BLVD.
 FORT LAUDERDALE, FL 33306 US**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0597739 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HALPERN, SAMUEL R
 2856 EAST OAKLAND PARK BLVD.
 FORT LAUDERDALE, FL 33306**

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: *Samuel R. Halpern* **SAMUEL R. HALPERN, President 01-29-2006**
Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when re-registering) 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**

1100000415144
 02/11/06-80065-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALPERN, SAMUEL R
STREET ADDRESS	2856 EAST OAKLAND PARK BLVD.
CITY - ST - ZIP	FORT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Samuel R. Halpern* **SAMUEL R. HALPERN, President** **01-29-2006 554-620-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #