



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90011 048 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # P95000074956 1. Entity Name GARY A. LEVINSON, P.A. | | | |  | |
| Principal Place of Business 501 BRICKELL KEY DR SUITE 300 MIAMI, FL 33131 US | | | Mailing Address 501 BRICKELL KEY DR SUITE 300 MIAMI, FL 33131 US | | |
| 2. Principal Place of Business 601 Brickell Key Drive Suite, Apt. #, etc. Suite 600 City & State Miami Florida | | 3. Mailing Address 601 Brickell Key Drive Suite, Apt. #, etc. Suite 600 City & State Miami Florida | |  | |
| Zip 33131 | | Country US | | 4. FEI Number 65-0610617 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LEVINSON, GARY A 501 BRICKELL KEY DRIVE SUITE 300 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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. <input type="checkbox"/> \$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 | D LEVINSON, GARY A 501 BRICKELL KEY DR., SUITE 300 MIAMI, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ Gary A Levinson 2/15/06 (305) 374-3471 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |