2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000092622

1. Entity Name

ALAN ROTHBERG & ASSOCIATES, P.A.



Principal Place of Business

3101 N FEDERAL HWY 302 FORT LAUDERDALE, FL 33306 US Mailing Address

3101 N FEDERAL HWY 302 FORT LAUDERDALE, FL 33306

115

FILED Feb 20, 2006 08:00 AM **Secretary of State**



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01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0629766

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

ROTHBERG, ALAN 3101 N FEDERAL HWY 302

FORT LAUDERDALE, FL 33306

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid	a. I am tamiliar with, and accept
the obligations of registered agent.	

SIGNATURE Signature, typed or printed name of registered ages and title if applicable

(NOTE, Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHBERG, ALAN 3101 N FEDERAL HWY 302 FORT LAUDERDALE, FL 33306	
TITCE NAME STREET ADDRESS CHY-ST-ZIP	D ROTHBERG, SUSAN 3101 N FEDERAL HWY 302 FORT LAUDERDALE, FL 33306	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ACORESS CYTY-ST-ZIP	;	
TITLE NAME STREET ADDRESS		

1000000441163 1/3/03/06-80024-022 150.00

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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06

Daytime Phone #