

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90290 021 \*\*\*150.00

DOCUMENT # P96000066015



1. Entity Name

JEFFREY P. GALE, P.A.

Principal Place of Business

4770 BISCAYNE BOULEVARD  
SUITE 1020  
MIAMI FL 33137

Mailing Address

4770 BISCAYNE BOULEVARD  
SUITE 1020  
MIAMI FL 33137



2. Principal Place of Business

9999 NE 2nd Avenue

3. Mailing Address

9999 NE 2nd Avenue

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

Miami Shores, FL

City & State

Miami Shores, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0684402

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALE, JEFFREY P ESQ.  
4770 BISCAYNE BOULEVARD  
SUITE 1020  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Jeffrey P. Gale, Esq.

Street Address (P.O. Box Number is Not Acceptable)

9999 NE 2nd Avenue, Suite 304

City

Miami Shores

FL

Zip Code

33138

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-2006

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be**

**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GALE, JEFFREY P ESQ.	
STREET ADDRESS	4770 BISCAYNE BLVD, S-1020	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALE, JEFFREY P ESQ.	
STREET ADDRESS	9999 NE 2nd AVENUE, SUITE 304	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-06 305-758-1900