

FILED
Mar 30, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000081188 1. Entity Name ROSENFELD & ASSOCIATES INC.		
Principal Place of Business POST OFFICE BOX 561625 MIAMI, FL 33256		Mailing Address POST OFFICE BOX 561625 MIAMI, FL 33256
DO NOT WRITE IN THIS SPACE		
		 01072006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0704150 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROSENFELD, SHERYL 13611 DEERING BAY DR #901 MIAMI, FL 33158		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 _____ (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		U00000486499 04/13/06-80040-020 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENFELD, SHERYL G 13611 DEERING BAY DR #901 CORAL GABLES, FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GLASSMAN, RITA P 13611 DEERING BAY DR #901 CORAL GABLES, FL 33158	
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TITLE 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 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: <u>SHERYL G. ROSENFELD</u> 3/11/06 305 259-5002 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		