

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000028268 1. Entity Name STUART R. MANOFF & ASSOCIATES, P.A.	
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Principal Place of Business 515 N. FLAGLER RIVE STE 2125 WEST PALM BCH, FL 33401 US	Mailing Address 515 N FLAGLER DRIVE STE 2125 WEST PALM BCH, FL 33401 US
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0746928	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MANOFF, STUART R 515 N FLAGLER DRIVE STE 2125 WEST PALM BCH, FL 33401

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

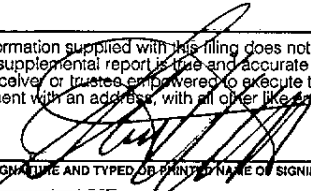
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 MANOFF, STUART R 515 N. FLAGLER DR/#2125 WEST PALM BCH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000270206 03/19/05-80041-016 150.00 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3-15-05 561-655-3993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #