## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYP

## Jun 20, 2005 08:00 AM Secretary of State DOCUMENT # P97000050581 1. Entity Name ALAN J. SHUMINER, P.A. Mailing Address Principal Place of Business 1200 BRICKELL AVENUE 1200 BRICKELL AVENUE 1680 1680 MIAMI, FL 33131 MIAMI, FL 33131 06152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0763229 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHUMINER, ALAN J DO NOT WRITE 1200 BRICKELL AVENUE **SUITE 1680** IN THIS SPACE MIAMI, FL 33131 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 it applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PSTD TITLE SHUMINER, ALAN J NAME 1200 BRICKELL AVENUE, SUITE 1680 U00000369672 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 06/20/05-80002-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.

GNING OFFICER OR DIRECTOR

**FILED** 

Daytimo Phone #