

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000068500

1. Entity Name
LYON J. GREENBLATT, P.A.



Principal Place of Business
8000 PETERS ROAD
SUITE 200
PLANTATION, FL 33324

Mailing Address
8000 PETERS ROAD
SUITE 200
PLANTATION, FL 33324



DO NOT WRITE IN THIS SPACE

04162005 No Chg-P CR2E034 (10/03)

4. FEI Number
85-0779111

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENBLATT, LYON J ESQ
8000 PETERS ROAD
SUITE 200
PLANTATION, FL 33324

**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

U00000325558
04/23/05-80021-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREENBLATT, LYON J
STREET ADDRESS	8000 PETERS ROAD SUITE 200
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

LYON J. GREENBLATT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYON J. GREENBLATT
PRES.

4/18/05
Date

954-423-6211
Daytime Phone #