



FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000077830 1. Entity Name A. MYRA RUBENSTEIN, P.A.		Secretary of State 																																									
Principal Place of Business 3000 SOUTH OCEAN BLVD #102 BOCA RATON, FL 33432		Mailing Address 3000 SOUTH OCEAN BLVD #102 BOCA RATON, FL 33432																																									
DO NOT WRITE IN THIS SPACE																																											
																																											
		01252005 No Chg-P CR2E034 (10/03)																																									
		4. FEI Number 65-0779532																																									
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent SERLE, STEVEN ESQ 2101 CORPORATE BLVD NW SUITE 325 BOCA RATON, FL 33431		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:90%;">D</td></tr><tr><td>NAME</td><td>RUBENSTEIN, MYRA</td></tr><tr><td>STREET ADDRESS</td><td>3000 SOUTH OCEAN BLVD #102</td></tr><tr><td>CITY - ST - ZIP</td><td>BOCA RATON, FL 33432</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	D	NAME	RUBENSTEIN, MYRA	STREET ADDRESS	3000 SOUTH OCEAN BLVD #102	CITY - ST - ZIP	BOCA RATON, FL 33432	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<div style="text-align: right; margin-bottom: 10px;">U000000200873 01/28/05-80046-007 150.00</div> DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing 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.																																											
SIGNATURE: <i>A. Myra Rubenstein</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/25/05 301-342-6433 Date Daytime Phone #																																									