

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000106779</b>		
1. Entity Name JONATHAN J. LICHTMAN, P.A.		
Principal Place of Business 120 E PALMETTO PARK RD STE 100 BOCA RATON, FL 33432		Mailing Address 10718 KIRKALDY LANE BOCA RATON, FL 33498
<b>DO NOT WRITE IN THIS SPACE</b>		
		01132005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0802248		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  LICHTMAN, JONATHAN J 120 E PALMETTO PARK RD SUITE 100 BOCA RATON, FL 33432-0000		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		U00000183939 01/20/05-80009-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS LICHTMAN, JONATHAN J 10718 KIRKALDY LN BOCA RATON, FL 33498	
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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)(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:  <b>Jonathan J. Lichtman</b> 11/13/05 561 865 3600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		