

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90001 031 \*\*\*150.00

**DOCUMENT # P98000002146**

1. Entity Name  
**RENEE FINBERG & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

7040 W PALMETTO PK RD      7040 W PALMETTO PK RD  
 #4-162      #4-162  
 BOCA RATON, FL 33433      BOCA RATON, FL 33433

**50023320**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

07272006      Chg-P      CR2E034 (11/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0807042**      Not Applicable

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

6. Name and Address of Current Registered Agent

**FINBERG, RENEE**  
**7458 CHABLIS COURT**  
**BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name: **WENDY R. GELFOND CPA PA**

Street Address (P.O. Box Number is Not Acceptable)  
**6682 THORN HILL CT**

City: **BOCA RATON**      FL      Zip Code: **33433**

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: *Wendy R. Gelfond*      DATE: **7-27-06**

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**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FINBERG, RENEE	7458 CHABLIS COURT	BOCA RATON, FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Renée Finberg*      DATE: **07-27-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**RENEE FINBERG**