

**1/1**

01-16-2007 90202 033 \*\*\*150.00

<b>DOCUMENT # P98000066784</b>				01-16-2007 90202 033 ***150.0	
1. Entity Name <b>GORDON S RICHSTONE, ESQUIRE, P.A.</b>					
Principal Place of Business <b>1803 AUSTRALIAN AVENUE SOUTH SUITE 1 WEST PALM BEACH, FL 33409</b>		Mailing Address <b>1803 AUSTRALIAN AVENUE SOUTH SUITE 1 WEST PALM BEACH, FL 33409</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				01112007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-0854453</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				<b>DO NOT WRITE IN THIS SPACE</b>	
<b>RICHSTONE, GORDON S 1803 AUSTRALIAN AENVUE SOUTH SUITE 1 WEST PALM BEACH, FL 33409</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 		<b>President</b>		<b>1/2/07</b>	
Signature, typed or printed name of registered agent and role if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DPS RICHSTONE, GORDON S 1803 AUSTRALIAN AVE. S WEST PALM BEACH, FL 33409			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: 		<b>Pres. 2/2/7 561 478 900</b>			
Signature, typed or printed name of signing officer or director		Date Daytime Phone #			