

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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May 02, 2006 8:00 am
Secretary of State

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04292006 No Chg-P CR2E034 (11/05)

DOCUMENT # P99000061432
1. Entity Name
STUART A. LIPSON, CPA, JD, CHARTERED



Principal Place of Business: 16900 N.E. 19TH AVENUE, N. MIAMI BEACH, FL 33162
Mailing Address: 16900 N.E. 19TH AVENUE, N. MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0932989 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LIPSON, STUART A
16900 N.E. 19TH AVENUE
N. MIAMI BEACH, FL 33162

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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: STUART LIPSON DATE: 4/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIPSON, STUART A ESQ.
STREET ADDRESS	16900 N.E. 19TH AVENUE
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: STUART LIPSON, Director Date: 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR