



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # S12271			
1. Entity Name LEFCOURT, BILLIG, TIKTIN & YESNER, P.A.			
Principal Place of Business 2100 PONCE DE LEON BLVD. #800 CORAL GABLES, FL 33134		Mailing Address 2100 PONCE DE LEON BLVD. #800 CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE			
		01052006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0229938	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 LEFCOURT, JEFFREY 6756 SW 89 TERRACE MIAMI, FL 33156		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE 000000390972 01/24/06-80022-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YESNER, JACK I. 15742 SW 115 STREET MIAMI, FL 33196		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEFCOURT, JEFFREY 6756 S.W. 89 TERRACE MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BILLIG, ROBERT 2111 NE 205 ST. N. MIAMI BCH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TIKTIN, STEVEN 6950 SW 98 ST. MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Jack I. Yesner</u> <u>JACK I. YESNER</u>		1/5/06 305-442-6363	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	