
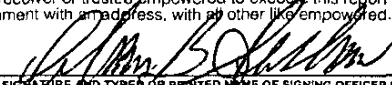


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90071 034 ***150.00

DOCUMENT # S22896 1. Entity Name ALAN B. SASLAW, P.A.			
Principal Place of Business 20801 BISCAYNE BLVD 304 AVENTURA, FL 33180 US		Mailing Address 20801 BISCAYNE BLVD 304 AVENTURA, FL 33180 US	
2. Principal Place of Business <i>600 N. Pine Island Rd.</i> Suite, Apt. #, etc. <i>Suite 450</i> City & State <i>Plantation, FL</i> Zip <i>33324</i> Country <i>US</i>		3. Mailing Address <i>600 N. Pine Island Rd</i> Suite, Apt. #, etc. <i>Suite 450</i> City & State <i>Plantation, FL</i> Zip <i>33324</i> Country <i>US</i>	
4. FEI Number 65-0236552		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SASLAW, ALAN B 20801 BISCAYNE BLVD SUITE 304 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>600 N. Pine Island Rd, Suite 450</i> <i>Plantation, FL 33324</i> City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SASLAW, ALAN B. STREET ADDRESS 20801 BISCAYNE BLVD., SUITE 304 CITY-ST-ZIP AVENTURA, FL	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>600 N. Pine Island Rd, Suite 450</i> STREET ADDRESS <i>Plantation, FL 33324</i> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 any other like empowered.			
SIGNATURE: 		1-14-06 954-315-0137	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	