

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23975

FILED
Mar 10, 2005
Secretary of State

Entity Name: STRAUS & EISLER, P.A.

Current Principal Place of Business:

10081 PINES BLVD
SUITE C
PEMBROKE PINES, FL 330246171

New Principal Place of Business:

Current Mailing Address:

10081 PINES BLVD
SUITE C
PEMBROKE PINES, FL 330246171

New Mailing Address:

FEI Number: 65-0235620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUS, ARNOLD, JR.
10081 PINES BLVD
SUITE C
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRAUS, ARNOLD JR
Address: 10081 PINES BLVD #C
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VS () Delete
Name: EISLER, MICHAEL
Address: 1290 WESTON RD., SUITE 314
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: EISLER, MICHAEL
Address: 1528 WESTON ROAD
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD STRAUS, JR

PD

03/10/2005

Electronic Signature of Signing Officer or Director

_____ Date