2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN Secretary of State

ANNUAL REPORT	
DOCUMENT # V03775	
1. Entity Name	
SHELDON GOLDING, P.A.	

Principal Place of Business

800 SE 3RD AVENUE SUITE 300

FT LAUDERDALE, FL 33316 US



Mailing Address

800 SE 3RD AVENUE SUITE 300

FT LAUDERDALE, FL 33316 US



DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0303130 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDING, SHELDON 800 SE 3RD AVENUE SUITE 300 FT LAUDERDALE, FL 3331

DO NOT WRITE IN THIS SPACE

FT LAUDERDALE, FL 33316			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_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000426052 02/20/06-80027-012 150.00		
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDING, SHELDON 800 SE 3RD AVENUE, SUITE 300 FORT LAUDERDALE, FL 33316						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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							

The edge certify that the information supplied with this filling does not quality 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:

SIGNATURE AND TYPEDOR PRINTED HAME

, SHEADON GOLDING.

2-3-06

954-763-2122

Daytime Phone #