


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V40936**

1. Entity Name  
 ABRAHAM B. MANSDORF, C.P.A., P.A.



Principal Place of Business      Mailing Address

17971 BISCAYNE BLVD.      17971 BISCAYNE BLVD.  
 STRE 211                      STE 211  
 AVENTURA, FL 33160 US      AVENTURA, FL 33160 US

**DO NOT WRITE IN THIS SPACE**



04202005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0335475      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANSDORF, ABRAHAM B.  
 2031 NE 207TH ST  
 N. MIAMI BEACH, FL 33179

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

U00000328032  
 04/23/05-80012-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MANSDORF, ABRAHAM B.
STREET ADDRESS	2031 NE 207TH ST
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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: *Abraham B. Mansdorf*      ABRAHAM B. MANSDORF, PRES.      4/20/05      315 932 8807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #