


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000047375					
1. Entity Name MAX BRESLOW, CPA, P.A.					
Principal Place of Business 1000 WEST ISLAND BLVD. #1007 AVENTURA FL 33160			Mailing Address 1000 WEST ISLAND BLVD. #1007 AVENTURA FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1008054	
6. Name and Address of Current Registered Agent BRESLOW, MAX S 1000 WEST ISLAND BLVD. #1007 AVENTURA FL 33160				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				8. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				1st MOORE CR2E034 (10/05)	



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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BRESLOW, MAX S		NAME		
STREET ADDRESS	1000 WEST ISLAND BLVD. #1007		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33160		CITY-ST-ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BRESLOW, MAX S		NAME		
STREET ADDRESS	1000 WEST ISLAND BLVD #1007		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Max Breslow, Pres. Date: 3/2/06 (205)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR