


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # 592613
1. Entity Name
RONALD M. KOVNOT, P.A.



Principal Place of Business Mailing Address
12595 N.E. 7TH AVE. 12595 N.E. 7TH AVE.
N. MIAMI, FL 33161 N. MIAMI, FL 33161



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1868050 Not Applicable

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

6. Name and Address of Current Registered Agent

KOVNOT, RONALD M.
12595 N.E. 7TH AVE.
N. MIAMI, FL 33161

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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: *Ronald M. Kovnot* DATE: *1/25/06*

Signature, typed or printed name of registered agent and title if applicable. (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: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOVNOT, RONALD M.
STREET ADDRESS	12595 N.E. 7TH AVE.
CITY-ST-ZIP	N. MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000408650
02/08/06-80068-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Ronald M. Kovnot* Date: *1/25/06* Daytime Phone #: *305-893-2028*

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