2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 603131

Entity Name

EDWIN B. KORNBLUE, D.D.S., P.A.



FILED Jan 14, 2005 08:00 AM Secretary of State

Principal Place of Business

200 W PALMETTO PARK ROAD

SUITE 103

BOCA RATON, FL 33432

Mailing Address

200 W PALMETTO PARK ROAD

SUITE 103

BOCA RATON, FL 33432



01122005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1372051

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORNBLUE, EDWIN B. 200 W PALMETTO PARK RD -SUITE 103 BOCA RATON, FL 33432

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent eignature required when reinstating) DATE					
FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORNBLUE,EDWIN B 720 NE 5 AVE BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORNBLUE, EDWIN B 720 NE 5 AVE BOCA RATON, FL 33432		-		U00000180605 ŭ1/14/05-80012-012 150.0D]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KORNBLUE, ANDREA BERRY 720 NE 5 AVE BOCA RATON, FL 33432			DO	NOT WRITE
title Name Street address City-St-Zip				in ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		:			

12. I horeby certify that the information supplied with this filing does not qualify 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 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 approvered.

SIGNATURE:

STREET ADDRESS CTTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15 561-395-444

Daytime Phone #