## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #603131**

1. Entity Name EDWIN B. KORNBLUE, D.D.S., P.A.



FILED Jul 10, 2006 08:00 AN 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



07062006

No Chg-P

CR2E034 (11/05)

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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-		1				
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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	LE NOWIII FEE IS \$150.00 ue by September 6, 2006	Slection Campaign Financi     Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORNBLUE,EDWIN B 720 NE 5 AVE BOCA RATON, FL 33432				U00000569001 07/11/06-80008-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORNBLUE, EDWIN B 720 NE 5 AVE BOCA RATON, FL 33432					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KORNBLUE, ANDREA BERRY 720 NE 5 AVE BOCA RATON, FL 33432			DO NOT WRITE 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 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:

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7, Zou6

561-385-4848

Daytime Phone #