




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H00609 1. Entity Name MICHAEL J. PETROW AND ASSOCIATES, INC.		
Principal Place of Business 347 N. NEW RIVER DRIVE EAST 808 FT. LAUDERDALE, FL 33301 US		Mailing Address P O BOX 8601 CORAL SPRINGS, FL 33075 US
DO NOT WRITE IN THIS SPACE		
 03082008 No Chg-P CRZE034 (11/05)		
4. FEI Number 59-2416275		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PETROW, MICHAEL J 347 N. NEW RIVER DRIVE EAST 808 FT. LAUDERDALE, FL 33301		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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PETROW, MICHAEL J. 347 N. NEW RIVER DRIVE EAST #808 FT. LAUDERDALE, FL 33301	DO NOT WRITE IN THIS SPACE 04/27/06 80045-014 150.00
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/11/06 Daytime Phone #: 954 448 0659