2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90010 006 ***150.00

DOCUMENT # P01000001732

1. Entity Name
RICHARD A. SCHWARTZ, P.A.

50002745

Principal Place of Business	Mailing Address
8619 BELLA VISTA DR. BOCA RATON, FL 33433	8619 BELLA VISTA DR. BOCA RATON, FL 33433

01082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8623 Bella Vista Dr.		8623 Bella Vista Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Boca Raton FL		City & State: Boca Raton FL	
Zip: 33433	Country: USA	Zip: 33433	Country: USA

4. FEI Number: 65-1067564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, RICHARD A
8619 BELLA VISTA DR.
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 8623 Bella Vista Dr.

City: Boca Raton **FL** Zip Code: 33433

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, 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, 2005 Fee will be $550.00

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	PSTD	☐ Delete	TITLE	PST D	☑ Change ☐ Addition
NAME	SCHWARTZ, RICHARD A		NAME	Schwartz, Richard A	
STREET ADDRESS	8619 BELLA VISTA DR.		STREET ADDRESS	8623 Bella Vista Dr.	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boca Raton FL 33433	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby 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 empowered.

SIGNATURE: [signature] Richard A Schwartz 1-8-05 561-213-5634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #