


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90287 011 ***150.00

DOCUMENT # P02000120550

1. Entity Name
 DAVID A. HUSSON, P.A.



Principal Place of Business Mailing Address

4801 S UNIVERSITY DR STE 302 4801 S UNIVERSITY DR STE 302
 DAVIE, FL 33328 DAVIE, FL 33328

14017440



2. Principal Place of Business 3. Mailing Address

4611 S. University Drive 4611 S. University Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.

#238 #238

04192005 Chg-P CR2E034 (10/03)

City & State City & State

DAVIE, FL DAVIE, FL

Zip Country Zip Country

33328 USA 33328 USA

4. FEI Number Applied For

14-1856167 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 4801 S. UNIVERSITY #302
 4TH FLOOR
 DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ (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	
TITLE	PSTD <input type="checkbox"/> Delete
NAME	HUSSON, DAVID A
STREET ADDRESS	13641 SW 16 STREET 4611 S. UNIVERSITY DR
CITY - ST - ZIP	HOLLYWOOD FL 33027 #238 DAVIE FL 33328
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Husson, David A.
STREET ADDRESS	4611 S. University Drive #238
CITY - ST - ZIP	DAVIE, FL 33328
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: DAVID HUSSON President Date: 4/30/05 Daytime Phone #: 954/588 6087