2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P04000106012 1. Entity Name JACK STUDNICKY, PA							}	05-04-2005 9	0157 00	9 ***150.	00
Principal Place of Business 6301 COLLINS AVENUE #2201 MIAMI BEACH, FL 33141				Mailing Address 6301 COLLINS AVENUE #2201 MIAMI BEACH, FL 33141				Ir 2011 01511 60141 00111 001	TI 11171 88119 1	11161 111 181 (1 2 19 11 1	1 70 01 (1 (70 0)
2. Principal Place of Business			3. N	3. Mailing Address							
Suite, Apt. #, etc.			s	Suite, Apt. #. etc.			04292005	Chg-P	CR2E	034 (10/03)	
City & State			С	ity & State		4. FEI Numb	01780	74_	├ ── ├ ─	plied For t Applicable	
Zip	Country		Z	Zip Coun		try	5. Certificate	e of Status Desired	Ö	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						Name	7. Name and	d Address of New F	legistered	Agent	
LIPSON, STUART A 16900 NE 19TH AVENUE N. MIAMI BEACH, FL 33162					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	9	
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 \$5.00 May Be Trust Fund Contribution. Added to Fees											
10. OFFICERS AND DIRECTORS 11.							ADDITIONS	/CHANGES TO OFF	ICERS AN	D DIRECTORS	3 IN 11
TITLE NAME	D Delete Titl									Change	☐ Addition
STREET ADDRESS 6301 COLLINS AVENUE #2201					STRE	ET ADDRESS					
IITLE	MIAMI BEACH, FL 33141 CIIY					-ST-ZIP				☐ Change	☐ Addition
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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.											
SIGNAT	URE		too		1	Don	4	palor			