

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159457

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA FALL PREVENTION CENTER, INC.

**Current Principal Place of Business:**

5092 COCONUT CREEK PARKWAY  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

5092 COCONUT CREEK PARKWAY  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 20-2004273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKOP, MICHAEL W ESQ.  
12865 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ARANA, ALBERT  
Address: 5092 COCONUT CREEK PARKWAY  
City-St-Zip: MARGATE, FL 33063

Title: VD ( ) Delete  
Name: SANDLER, HELEN L  
Address: 8782 N.W. 76TH DRIVE  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT ARANA

PD

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date