
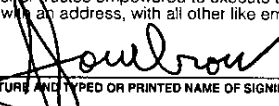


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90567 022 ***150.00

DOCUMENT # P04000163033							
1. Entity Name ALLAN B. DOMBROW & ASSOCIATES, P.A.							
Principal Place of Business 4820 WEST COMMERCIAL BOULEVARD FT. LAUDERDALE, FL 33309-2879 US			Mailing Address 5434 WEST SAMPLE ROAD #239 MARGATE, FL 33073 US				
2. Principal Place of Business 4613 North University Drive		3. Mailing Address 4613 North University					
Suite, Apt. #, etc. #237		Suite, Apt. #, etc. #237					
City & State Coral Springs, FL		City & State Coral Springs, FL					
Zip 33067		Country US		4. FEI Number 20-1972220			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DOMBROW, ALLAN B 5434 WEST SAMPLE ROAD #239 MARGATE, FL 33073			Name				
			Street Address (P.O. Box Number is Not Acceptable) 4613 North University Drive # 237				
			City Coral Springs			FL	Zip Code 33067
			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. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMBROW, ALLAN B 5434 WEST SAMPLE ROAD, #239 MARGATE, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4613 North University Drive # 237 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.							
SIGNATURE: 		ALLAN B Dombrow		4/29/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 954-777-0252			