


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90199 021 \*\*\*150.00

**DOCUMENT # P04000163033**

1. Entity Name  
 ALLAN B. DOMBROW & ASSOCIATES, P.A.



Principal Place of Business      Mailing Address

4613 NORTH UNIVERSITY DRIVE      4613 NORTH UNIVERSITY DRIVE  
 SUITE 237      SUITE 237  
 CORAL SPRINGS, FL 33067 US      CORAL SPRINGS, FL 33067 US

**DO NOT WRITE IN THIS SPACE**

40082830



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1972220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DOMBROW, ALLAN B  
 4613 NORTH UNIVERSITY DRIVE  
 SUITE 237  
 CORAL SPRINGS, FL 33067

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMBROW, ALLAN B 4613 NORTH UNIVERSITY DRIVE, SUITE 237 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMBROW, ALLAN B 4613 NORTH UNIVERSITY DRIVE, SUITE 237 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMBROW, ALLAN B 4613 NORTH UNIVERSITY DRIVE, # 237 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOMBROW, ALLAN B 4613 NORTH UNIVERSITY DRIVE # 237 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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      Date 4/24/06      Daytime Phone # 954-777-0252