


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P04000163033 1. Entity Name ALLAN B. DOMBROW & ASSOCIATES, P.A. |  |
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| Principal Place of Business 4613 NORTH UNIVERSITY DRIVE SUITE 237 CORAL SPRINGS, FL 33067 US | Mailing Address 4613 NORTH UNIVERSITY DRIVE SUITE 237 CORAL SPRINGS, FL 33067 US |
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05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

1000000758626
 05/24/07 00011-010 150.00

10. OFFICERS AND DIRECTORS

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| 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* 4/30/07 954-777-0252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #