

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000044318					
1. Entity Name KATHLEEN M. OROS, PA					
Principal Place of Business 900 E ATLANTIC BLVD STE 17 POMPANO BCH, FL 33060 US			Mailing Address 900 E ATLANTIC BLVD STE 17 POMPANO BCH, FL 33060 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03072006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0667709				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OROS, KATHLEEN 500 E ATLANTIC BLVD STE 17 POMPANO BCH, FL 33060			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSTD	NAME OROS, KATHLEEN		☐ Delete		
STREET ADDRESS 900 E ATLANTIC BLVD, STE 17	POMPANO BEACH, FL 33060		☐ Change ☐ Addition		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		U00000560533 05/18/06-80044-002-150.00		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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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: <i>Kathleen M. Oros</i>			4-27-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		