## 2005 FOR PROFIT CORPORATION

## Mar 25, 2005 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P97000046328** SHAFRITZ AND DINKIN, P.A. Principal Place of Business Mailing Address 1 SE 4TH AVENUE 1 SE 4TH AVENUE #212 #212 DELRAY BEACH, FL 33483 US DELRAY BEACH, FL 33483 No Chg-P CR2E034 (10/03) 03212005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0766015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAFRITZ, HUGH DO NOT WRITE 1 SE 4TH AVENUE -SUITE 212 IN THIS SPACE DELRAY BEACH, FL 33483 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. U00000275963 TITLE 03/25/05-80022-005 150.00 NAME SHAFRITZ, HUGH 2519 NORTH OCEAN BLVD., #510 STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 supplied entail 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 employeered 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 attachme

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIREC

561-278-7128

**FILED**