


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 036 ***150.00

DOCUMENT # P98000065414

1. Entity Name
DOGAN M. BENGISU, P.A.



Principal Place of Business Mailing Address

**333 W. CAMINO GARDENS BLVD.,
 SUITE 204C
 BOCA RATON FL 33432**

**333 W. CAMINO GARDENS BLVD.,
 SUITE 204C
 BOCA RATON FL 33432**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

401 W. Atlantic Ave. **401 W. Atlantic Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

0-11 **0-11**

1st MOORE CR2E034 (10/06)

City & State City & State

Delray Beach, FL **Delray Beach, FL**

Zip Country Zip Country

33444 **U.S.A.** **33444** **U.S.A.**

4. FEI Number Applied For

65-0853572 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENGISU, DOGAN M ESQ.
 1118 N. LAKESIDE DRIVE
 LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **DOGAN M. BENGISU, ESQ.**

Street Address (P.O., Box Number is Not Acceptable)
401 W. Atlantic Ave.

Suite 0-11

City **Delray Beach** FL Zip Code **33444**

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: *Dogan M. Bengisu* DATE: 4-16-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PDS	BENGISU, DOGAN M ESQ.	333 W. CAMINO GARDENS BLVD., SUITE 204C	BOCA RATON FL 33432	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dogan M. Bengisu, President* DATE: 4-16-07 TELEPHONE: 561-330-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #