

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90141 013 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000079623

1. Entity Name
 HARVEY ABRAHAM, P.A.



Principal Place of Business
 12542 BROOKWOOD COURT
 DAVIE, FL 33330

Mailing Address
 12542 BROOKWOOD COURT
 DAVIE, FL 33330

20057288



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2741219

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BENEFELD, BRUCE J
 7800 WEST OAKLAND PARK BLVD., SUITE 109
 SUNRISE, FL 33351, a South University Drive
 Suite 265
 Plantation, FL 33324

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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

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, 2005 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
 D
 ABRAHAM, HARVEY S
 12542 BROOKWOOD COURT
 DAVIE, FL 33330

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE
 NAME
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 CITY- ST- ZIP

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 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 exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #