

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137635

FILED  
Jul 01, 2005  
Secretary of State

**Entity Name:** NETWORK PROFESSIONALS OF WEST BROWARD COUNTY INC

**Current Principal Place of Business:**

7025 WOODMONT WAY  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

7025 WOODMONT WAY  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 20-1699089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAW OFFICES OF JOSEPH A HEINTZ JR., P.A.  
120 EAST OAKLAND PARK BLVD.  
SUITE 204  
FORT LAUDERDALE,, FL 33334 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JACOBSON, ERIC  
Address: 7025 WOODMONT WAY  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ERIC JACOBSON

P

07/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date