


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90027 025 ***150.00

DOCUMENT # 200522	
1. Entity Name PAUL NOTOWITZ, INC.	

Principal Place of Business 3898 NW 52 STREET BOCA RATON, FL 33496 US	Mailing Address 3898 NW 52 STREET BOCA RATON, FL 33496 US
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2. Principal Place of Business 293 Fern Palm Rd.	3. Mailing Address 293 Fern Palm Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State Boca Raton, FL	City & State Boca Raton, FL	4. FEI Number 59-0826820	Applied For <input type="checkbox"/> Not Applicable
Zip 33432	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOTOWITZ, SCOTT 3898 NW 52 STREET BOCA RATON, FL 33496		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 293 Fern Palm Rd. City Boca Raton FL Zip Code 33432	
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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 **SCOTT NOTOWITZ** DATE **1-17-05**
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOTOWITZ, RUTH 2024 FISHER ISLAND PD FISHER ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5660 Collins Ave. # 6C Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUTUN, JUDITH 2012 FISHER ISLAND DR FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5660 Collins Ave. # 6A Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOTOWITZ, SCOTT 3898 NW 52 STREET BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 293 Fern Palm Rd. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: **SCOTT NOTOWITZ** DATE **1-17-05** 561-706-9809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #