


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90005 023 \*\*\*150.00

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| <b>DOCUMENT # 522664</b>                       |  |
| 1. Entity Name<br><b>EMIL JACZYNSKI, P. A.</b> |   |

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| Principal Place of Business<br><b>500 S E 17 STREET<br/>200<br/>FORT LAUDERDALE, FL 33316 US</b> | Mailing Address<br><b>500 S E 17 STREET<br/>200<br/>FORT LAUDERDALE, FL 33316 US</b> |
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**50059965**



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| 2. Principal Place of Business<br><b>901 S. Federal Highway<br/>Suite, Apt. #, etc.<br/>#300<br/>City &amp; State<br/>Ft. Lauderdale, FL<br/>Zip<br/>33316<br/>Country<br/>Broward</b> | 3. Mailing Address<br><b>901 S. Federal Highway<br/>Suite, Apt. #, etc.<br/>#300<br/>City &amp; State<br/>Ft. Lauderdale, FL<br/>Zip<br/>33316<br/>Country<br/>Broward</b> |
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08012005 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent<br><b>JACZYNSKI, EMIL<br/>1001 NW 114 AVENUE<br/>PLANTATION, FL 33323</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>Jaczynski, Emil</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>370 N.W. 65th Avenue</b><br>City <b>Plantation</b> FL Zip Code <b>33317</b> |  |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>JACZYNSKI, EMIL<br/>1001 NW 114 AVE<br/>PLANTATION, FL 33323.</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>P<br/>JACZYNSKI, EMIL<br/>370 N.W. 65TH AVENUE<br/>PLANTATION, FL 33317</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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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)(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. |  |
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| <b>SIGNATURE:</b>  | <b>8/1/05</b> <b>954-525-6513</b>   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     | <small>Date Daytime Phone #</small> |