


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90043 019 ***150.00

DOCUMENT # 600261

1. Entity Name
BRANDON, JONES, SANDALL, ZEIDE, KOHN, CHALAL & MUSSO, P.A.



Principal Place of Business
**4801 S CONGRESS AVE
 LAKE WORTH, FL 33461**

Mailing Address
**C/O ROSELLI, DAN CPA
 2135 SOUTH CONGRESS AVE #1C
 W PALM BEACH, FL 33406 US**

40007284



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1156249

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDALL EDWARD W
 4801 S CONGRESS AVE
 LAKE WORTH, FL 33461**

7. Name and Address of New Registered Agent

Name **Joseph Chalal**

Street Address (P.O. Box Number is Not Acceptable)
4801 S. Congress Ave

City **Lake Worth** FL Zip Code **33461**

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 _____ DATE _____
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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDALL, EDWARD W			NAME			
STREET ADDRESS	4801 S CONGRESS AVE.			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZEIDE, MICHAEL			NAME			
STREET ADDRESS	4801 S CONGRESS AVE.			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHALAL, JOSEPH			NAME			
STREET ADDRESS	4801 S CONGRESS AVE			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOHN MARVIN A.			NAME			
STREET ADDRESS	4801 S CONGRESS AVE			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSSO, EMILIO			NAME			
STREET ADDRESS	4801 S CONGRESS AVE			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Michael Zeide* Date: 1/27/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR