




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 602995			
1. Entity Name MORTON SANET, P.A.			
Principal Place of Business 1150 N.E. 170TH ST. N MIAMI BCH, FL 33162		Mailing Address 1150 N.E. 170TH ST. N MIAMI BCH, FL 33162	
DO NOT WRITE IN THIS SPACE			
		 01202005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1360129	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SANET, MORTON J 1150 N.E. 170TH ST., N. MIAMI BEACH, FL 33139			DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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
10. OFFICERS AND DIRECTORS		02/02/05-80075-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SANET, MORTON J 1150 N.E. 170TH ST., N. MIAMI BEACH, FL		
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DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		2/4/05 (2005) 657-6580 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			