2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the received changed, or on an attachment w

SIGNATURE:

an address, with all other

## May 02, 2005 08:00 AM Secretary of State **DOCUMENT # 683528** 1. Entity Name DAVID Z. SOKOL. P.A. Principal Place of Business Mailing Address 9340 SW 103 ST. 9340 SW 103 ST. MIAMI FL 33176 MIAMI FL 33176 2. Frincipal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2030122 Not Applicat! Country 7in Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOKOL, DAVID Z. Street Address (P.O. Box Number is Not Acceptable) 9340 SW 103 ST. MIAMI FL 33176 City Zip Code 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 Signature, typed or printed name of registered agent and fittle if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May 2 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOKOL, DAVID Z NAME NAME U00000353900 05/03/05-80085-020 150.00 9340 SW 103 ST. STREET ADORESS STREET ADDRESS CITY - ST - ZIP MIAMI FL 33176 CITY-ST-7/P TOTALE -☐ Change Aditiii THEE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ādili TODE ☐ Delete THE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY+ST-7IP CITY-ST-71P HILE Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI ZIP ☐ Delete HILE ☐ Change 1000 Ariditi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7/P TITLE Delete THUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 direction of the corporation or the receives of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block I 1 changed, or on an attachment with an address, with all other like ampowered.

prosukac acos com

**FILED**