## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 684545** 

Entity Name: DOROTHY OR DAVID EIGLARSH, PA

FILED Apr 19, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

C/O L EIGLARSH C/O D EIGLARSH

2579 MAYFAIR LANE 2500 WESTON ROAD #103 WESTON, FL 33327 US WESTON, FL 33331 US

New Mailing Address: **Current Mailing Address:** 

1535 N PARK DRIVE 1301 SHOTGUN ROAD SUITE 103 WESTON, FL 33326 US

WESTON, FL 33326 US

FEI Number: 59-2018218 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAHN, DONALD J. EIGLARSH, LAWRENCE **627 71ST STREET** 2579 MAYFAIR LANE MIAMI BEACH, FL 33141 WESTON, FL 33327 US US

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.

SIGNATURE: LAWRENCE EIGLARSH 04/19/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition EIGLARSH, DOROTHY, EIGLARSH, DOROTHY, Name: Name: 2500 WESTON ROAD 2500 WESTON ROAD SUITE 103 Address: Address:

City-St-Zip: WESTON, FL 33331 City-St-Zip: WESTON, FL 33331

Title: Title: SD (X) Change ( ) Addition ( ) Delete Name: EIGLARSH, LAWRENCE Name: EIGLARSH, LAWRENCE

2500 WESTON ROAD SUITE 105 Address: 2500 WESTON ROAD SUITE 103 Address:

WESTON, FL 33331 WESTON, FL 33331 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE EIGLARSH SD 04/19/2005