


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000002695</b>	
1. Entity Name <b>BUSINESS ADVISORY SERVICES, INC.</b>	

Principal Place of Business <b>21301 POWERLINE RD., SUITE 309 BOCA RATON, FL 33433</b>	Mailing Address <b>21301 POWERLINE RD., SUITE 309 BOCA RATON, FL 33433</b>
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-0979328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KRASSENSTEIN, J.D. 21301 POWERLINE RD., STE 309 BOCA RATON, FL 33433</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

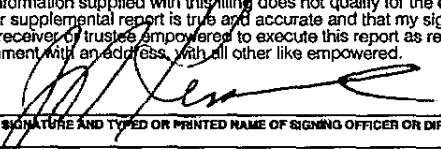
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT KRASSENSTEIN, J.D. 21301 POWERLINE RD., SUITE 309 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC KRASSENSTEIN, JONATHAN T 918 DALE AVE. BRADFORD WOODS, PA 15015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRASSENSTEIN, DANIEL M 17 TULIP LANE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRASSENSTEIN, VELMA C 2396 TIMBERCREEK CIRCLE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KRASSENSTEIN, JULIET 918 DALE AVE. BRADFORD WOODS, PA 15015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NIESON, RUTH 1611 SWEETBRIAR RD. GLADWYNE, PA 19035

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04/04/05-80012-002 150.00

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:**  **1/7/05** **56-490-1984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #