2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90082 025 ***150.00

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1. Entity Name
BUSINESS ADVISORY SERVICES, INC.

Principal Place of Business	Mailing Address
21301 POWERLINE RD., SUITE 309 BOCA RATON, FL 33433	21301 POWERLINE RD., SUITE 309 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-0979328
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRASSENSTEIN, J.D.
21301 POWERLINE RD., STE 309
BOCA RATON, FL 33433

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	KRASSENSTEIN, J.D.
STREET ADDRESS	21301 POWERLINE RD., SUITE 309
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VC
NAME	KRASSENSTEIN, JONATHAN T
STREET ADDRESS	918 DALE AVE.
CITY-ST-ZIP	BRADFORD WOODS, PA 15015
TITLE	D
NAME	KRASSENSTEIN, DANIEL M
STREET ADDRESS	17 TULIP LANE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	D
NAME	KRASSENSTEIN, VELMA C
STREET ADDRESS	2396 TIMBERCREEK CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	S
NAME	KRASSENSTEIN, JULIET
STREET ADDRESS	918 DALE AVE.
CITY-ST-ZIP	BRADFORD WOODS, PA 15015
TITLE	D
NAME	NIESON, RUTH
STREET ADDRESS	1611 SWEETBRIAR RD.
CITY-ST-ZIP	GLADWYNE, PA 19035

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/10/06 561-470-1584
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #