2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

DOC	JME	NT#	F38	945
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1. Entity Name LEE L. ENGEL, P.A.



Principal Place of Business

Mailing Address

3107 STIRLING RD

3107 STIRLING RD

201

FORT LAUDERDALE, FL 33312

FORT LAUDERDALE, FL 33312



DO NOT WRITE IN THIS SPACE

03082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2118184

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGEL, LEE L. 3107 STIRLING RD 201

FORT LAUDERDALE, FL 33312

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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, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 11901100463188 03/21/86-80067-610 150.00

10. OFFICERS AND DIRECTORS PST ITLE ENGEL, LEE L. MAME 3107 STIRLING RD 201 STREET ADDRESS CITY-ST-ZTP FORT LAUDERDALE, FL 33312 DD F ENGEL, LEE L 3107 STIRLING RD 201 STREET ADDRESS City-St-ZP FORT LAUDERDALE, FL 33312 TITLE NAME STREET ADDRESS CHTY-ST-ZDP TOTALE MAME STREET ADDRESS CITY-ST-ZP nne STREET ADDRESS CITY-ST-ZIP MILE

DO NOT WRITE IN THIS SPACE

12. It hereby certify that the information supplied with this filling 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 cath, 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:

NAME SIRLE) ADDRESS CITY-ST-ZIP

STATURE AND SPEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8'U6

Daytime Phone #