


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F54941</b>	
1. Entity Name <b>FREDRIC C. BURESH, P.A.</b>	

Principal Place of Business <b>800 SE THIRD AVE., 4TH FLOOR FORT LAUDERDALE, FL 33316 US</b>	Mailing Address <b>800 SE THIRD AVE., 4TH FLOOR FT LAUDERDALE, FL 33316 US</b>
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**DO NOT WRITE IN THIS SPACE**



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2148324**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURESH, FREDRIC C  
800 SE THIRD AVENUE  
4TH FLOOR  
FT LAUDERDALE, FL 33316**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURESH, FREDRIC C. 800 SE THIRD AVE., 4TH FLOOR FORT LAUDERDALE, FL 33316
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400000398928  
01/31/06-80719-010 150.00

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **1/18/06 954-525-2300**

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