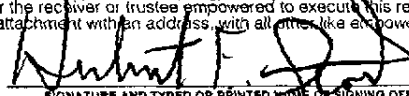


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J01920		
1. Entity Name HERBERT F. STORCH, P.A.		
Principal Place of Business 120 SOUTH UNIVERSITY DRIVE SUITE F PLANTATION, FL 33324		Mailing Address 120 SOUTH UNIVERSITY DRIVE SUITE F PLANTATION, FL 33324
DO NOT WRITE IN THIS SPACE		
		 03302006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2647741 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STORCH, HERBERT F. 120 S UNIVERSITY DR #F PLANTATION, FL 33324		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		
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 NAME STREET ADDRESS CITY-ST-ZIP	PST STORCH, HERBERT F. 120 S UNIVERSITY DR #F PLANTATION, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORCH, HERBERT F. 120 S UNIVERSITY DR #F PLANTATION, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		3/30/06 959 973-2889 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		