2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 01, 2005 08:00 AM Secretary of State

DOCUMENT # J97769 1. Entity Name CARMAN, BEAUCHAMP & SANG, P.A.					Sec	retary	of State	
C/O DEBORAH A. CARMAN C/O 3335 NW BOCA RATON BLVD 333		Mailing Address C/O DEBORAH A. CARMAN 3335 NW BOCA RATON BLVD BOCA RATON, FL 33431 U	7/O DEBORAH A. CARMAN B335 NW BOCA RATON BLVD					
D	OO NOT WRITE		CE		No Chg-P	CR2E034 (10	,	
3335 NW I BOCA RA		DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligat	lons of registered agent. Signature, typed of printed name of registered agent and	i filde if appolicable. (NOTE: Registere	d Ağènt signature requir	ed when reinstaling)	 	DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be ided to Fees				
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND DID CARMAN, KENNETH P 3335 NW BOCA RATON BLVD BOCA RATON, FL 33431 D BEAUCHAMP, J. FRANK III 3335 NW BOCA RATON BLVD BOCA RATON, FL 33431	RECTORS				375282 30012-003	9 550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SANG, ALLEN C 3335 NW BOCA RATON BLVD BOCA RATON, FL 33431				IOT WE			

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 poort 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 object five empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

Daytime Phone #