## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT #K04516 03-10-2006 90003 010 \*\*\*150.00 1. Entity Name ELIOT J. LUPKIN, P.A. Principal Place of Business Mailing Address 1975 E SUNRISE BLVD 1975 E SUNRISE BLVD 509 509 FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 65-0034905 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUPKIN, ELIOT J., ESQ. Street Address (P.O. Box Number is Not Acceptable) 1975 EAST SUNRISE BLVD. 5TH FLOOR FT. LAUDERDALE, FL 33304 City Zip Code FL8. 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change noitibba 🔲 LUPKIN, ELIOT J. NAME NAME STREET ADDRESS 1975 EAST SUNRISE BLVD #509 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the veceiver 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 ar

TITLE

NAME

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Daytime Phone #

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FILED

Secretary of State

Mar 10, 2006 8:00 am