


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90041 045 \*\*\*150.00

DOCUMENT # K05351	
1. Entity Name CARON BALKANY, P.A.	

Principal Place of Business 7401 DORN ROAD SUMMERLAND KEY, FL 33042 US	Mailing Address P.O. BOX 420859 SUMMERLAND KEY, FL 33042 US
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**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0011192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BALKANY, CARON 7401 DORN ROAD <del>SUMMERLAND KEY</del> , FL 33042 <b>BIG TORCH KEY</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Caron Balkany (NOTE: Registered Agent signature required when reinstating) DATE 1-16-05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALKANY, CARON 7401 DORN ROAD <del>SUMMERLAND KEY, FL 33042</del> <b>BIG TORCH KEY FL 33042</b>
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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 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: [Signature] 1-16-05 305 849-1073

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