


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 29, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # K69945</b> 1. Entity Name MCINTOSH, SAWRAN, PELTZ, CARTAYA & PETRUGCELLI, P.A.	
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Principal Place of Business 1776 E SUNRISE BLVD FORT LAUDERDALE, FL 33304 US	Mailing Address P.O. BOX 7990 FT LAUDERDALE, FL 33338-7990 US
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0104621	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MC INTOSH, DOUGLAS M. 1776 E SUNRISE BLVD FORT LAUDERDALE, FL 33304
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**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, 2005 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	PD MC INTOSH, DOUGLAS M. 12350 N.W. 12TH ST PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS SAWRAN, JAMES C. 1776 E SUNRISE BLVD, P.O. BOX 7990 FT LAUDERDALE, FL 333387990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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04/29/05-80015-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **James C Sawran** 4/26/05 954-765-1001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #