2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

DOCUMENT # K71235 1. Entity Name PAUL A. KOPROWSKI, C.P.A., P.A.							Se	ecretary o	i State
Principal Place of Business % PAUL A. KOPROWSKI 10031 PINES BLVD, STE 224 PEMBROKE PINES, FL 33024			Meiling Address % PAUL A. KOPROWSKI 10031 PINES BLVD, STE 224 PEMBROKE PINES, FL 33024		# IFFE	(1959) (1818 1978 18		ACHIBAN II AND	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt #, etc			Suite, Apt. #, etc.			03292005	Chg-P	CR2E034 (10/0	3)
City & State			City & State			4. FEI Numb			Applied For Not Applicable
Zip	Country		Zip Country		ntry	5. Certificate	of Status Desired	□ \$8.75 / Fee Requ	Additional uired
	6. Nam	e and Address of Current	Registered Agent	egistered Agent Name		7. Name and Address of New Registered Agent			
KOPROWSKI, PAUL A.					Street Address (P.O. Box Number is Not Acceptable)				
10031 PIN SUITE 224	!				-	TO BOX HOME	701 13 NOT ACCEPTED	10)	
PEBROKE	PINES, I	FL 33024	City					FL Zip C	ode
			r the purpose of changing it	s register		ered agent, or bo	oth, in the State of F	FL	
the obligations of registered agent.									
SIGNATURE									
FILE NOWII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees									
10.		OFFICERS AND	<u></u>	11.		ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10031 PI	VSKI, PAUL A. NES BLVD, #224 DKE PINES, FL	□ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			110001 10075/140	□ Chang 10321313 5-80073-001	_
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TITLE NAME STREET ADDRESS CITY+ST-ZIP					i i			☐ Chang	ge 🗌 Addition
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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 exemple 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 otherwise empowered. SIGNATURE: PAUL CORNEY (954) 435-6999									
- C.G.1771	J. IL		RINTED NAME OF SIGNING OFFICER				Date	Davime Phone	