

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90144 025 ***150.00

DOCUMENT # K71235
 1. Entity Name
 PAUL A. KOPROWSKI, C.P.A., P.A.



Principal Place of Business % PAUL A. KOPROWSKI 10031 PINES BLVD, STE 224 PEMBROKE PINES, FL 33024	Mailing Address % PAUL A. KOPROWSKI 10031 PINES BLVD, STE 224 PEMBROKE PINES, FL 33024
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03262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0098723	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KOPROWSKI, PAUL A.
 10031 PINES BLVD
 SUITE 224
 PEBROKE PINES, FL 33024

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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 _____ DATE _____
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 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOPROWSKI, PAUL A. 10031 PINES BLVD, #224 PEMBROKE PINES, FL
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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 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: PAUL KOPROWSKI PRESIDENT Date: 4/3/06 Daytime Phone #: (954) 435-6999