

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L53481</b>	
1. Entity Name <b>KORNFELD ASSOCIATES LTD., INC.</b>	
Principal Place of Business <b>% STEPHEN H. KORNFELD 719 N OCEAN BLVD DELRAY BEACH, FL 33483</b>	Mailing Address <b>% STEPHEN H. KORNFELD 719 N OCEAN BLVD DELRAY BEACH, FL 33483</b>



07182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-1683245</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KORNFELD, STEPHEN H. 719 N OCEAN BLVD DELRAY BEACH, FL 33483</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KORNFELD, STEPHEN H. 719 N OCEAN BLVD DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KORNFELD, LOUISE 719 N OCEAN BLVD DELRAY BEACH, FL
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07/21/05-80002-025 150.00

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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:** *Louise Kornfeld* **7/18/05** **5612782418**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #