

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State



DOCUMENT # L71134
 1. Entity Name
LAW OFFICES OF NORLIZA BATTS, P.A.

Principal Place of Business: **2805 E. OAKLAND PARK BLVD. STE. 402 FT. LAUDERDALE FL 33306 US**
 Mailing Address: **2805 E. OAKLAND PARK BLVD. STE. 402 FT. LAUDERDALE FL 33306 US**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **65-0204535** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **BATTS, NORLIZA 2805 E OAKLAND PK BLVD #402 FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE	UN00000413334	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BATTS, NORLIZA	NAME		NAME	02/10/06-80081-017 150.00	NAME	
STREET ADDRESS	2805 E. OAKLAND PARK BLVD. #402	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME		NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Norliza Batts, Pres. Date: 1/25/06 Daytime Phone #: (954) 772-4234