## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 28, 2005 08:00 AM

DOCUMENT # M21139  1. Entity Name JEFFREY A. DEUTCH, P.A.					Secret	ary of State
C/O JEFFREY	ce of Business / A. DEUTCH ES RD, STE 300 N, FL 33434	Mailing Address C/O JEFFREY A. DEUTCH 7777 GLADES RD, STE 300 BOCA RATON, FL 33434				; <b>4</b> (3)   1(3)   1(4)   4(4)
C	OO NOT WRITE	CE	0 1262005 No Chg-P CR2E034 (10/03)  4. FEI Number			
6. Name and Address of Current Registered Agent  DEUTCH, JEFFREY A.  7777 GLADES RD, STE 300  BOCA RATON, FL 33434				IN -	NOT W	PACE
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 NOWII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campalgn Finan Trust Fund Contribution.				.00 May Be led to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DP DEUTCH, JEFFREY A. 7777 W GLADES RD. #300 BOCA RATON, FL	DIRECTORS		••	U00000 01/28/05-1	 201729 80076-023 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>		DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	,		:::> <del></del>	· ·		

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:

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SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-483-7000