

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90101 001 ***150.00

DOCUMENT # M24538					
1. Entity Name ROBERT E. ADELSON, P.A., CERTIFIED PUBLIC ACCOUNTANT					
Principal Place of Business 190 S.E. 5TH AVE DELRAY BEACH, FL 33483			Mailing Address 190 S.E. 5TH AVE DELRAY BEACH, FL 33483		
2. Principal Place of Business 1200 N.W. 17TH AVE Suite, Apt. #, etc. B		3. Mailing Address 1200 N.W. 17TH AVE. Suite, Apt. #, etc. B			
City & State DELRAY BEACH Zip 33445 Country USA		City & State DELRAY BEACH Zip 33445 Country USA		4. FEI Number 59-2609823	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ADELSON, ROBERT E. 190 S.E. 5TH AVE DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name ROBERT E. ADELSON Street Address (P.O. Box Number is Not Acceptable) 1200 N.W. 17TH AVE - SUITE B City DELRAY BEACH FL Zip Code 33445		
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 <u><i>Robert E. Adelson</i></u> ROBERT E. ADELSON 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS ADELSON, ROBERT E. 190 SE 5TH AVE DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS ROBERT E. ADELSON 1200 N.W. 17TH AVE. DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u><i>Robert E. Adelson</i></u> ROBERT E. ADELSON 4/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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