

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90184 040 ***150.00

DOCUMENT # M84117

1. Entity Name

TRACY D. WEINTRAUB, C.P.A., P.A.



Principal Place of Business

2237 N COMMERCE PKWY
SUITE # 3
FORT LAUDERDALE FL 33326

Mailing Address

2237 N COMMERCE PKWY
SUITE # 3
FORT LAUDERDALE FL 33326

50023711



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

19166 NW 13 Court
Suite, Apt. #, etc.

3. Mailing Address

19166 NW 13 Court
Suite, Apt. #, etc.

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines, Florida

Zip
33029

Country
USA

Zip
33029

Country
USA

4. FEI Number

65-0052937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINTRAUB, TRACY D.
2237 N COMMERCE PKWY 1551 Sawgrass Corp Pkwy
SUITE 3 Ste #130, Sunrise
FORT LAUDERDALE FL 33326
33323

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1551 Sawgrass Corporate Parkway #130

City Sunrise

FL

Zip Code
33323

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 NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WEINTRAUB, TRACEY D.	
STREET ADDRESS	2237 N COMMERCE PKWY 1551 Sawgrass Corp Pkwy	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326 Sunrise, FL 33323	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEINTRAUB, ELLEN R.	
STREET ADDRESS	2237 N COMMERCE PKWY 1551 Sawgrass Corp Pkwy	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326 Sunrise, FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2/28/05 (954) 370-2722

Date

Daytime Phone #