


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90092 040 ***150.00

DOCUMENT # P00000039315	
1. Entity Name KINGA E. ROGOWSKA, D.D.S., P.A.	

Principal Place of Business 627 TURTLE RUN FORT LAUDERDALE, FL 33326	Mailing Address 627 TURTLE RUN FORT LAUDERDALE, FL 33326
--	--

2. Principal Place of Business 15860 HUNTRIDGE ROAD	3. Mailing Address 15860 HUNTRIDGE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAVIE FL	City & State DAVIE FL
Zip 33331	Zip 33331
Country USA	Country USA

02232005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1017817	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent ROGOWSKA, KINGA 627 TURTLE RUN FORT LAUDERDALE, FL 33326	
--	--

7. Name and Address of New Registered Agent Name ROGOWSKA, KINGA Street Address (P.O. Box Number is Not Acceptable) 15860 HUNTRIDGE ROAD City DAVIE FL Zip Code 33331	
---	--

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 *Kinga Rogowska* **KINGA ROGOWSKA DIRECTOR** 2/25/05
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGOWSKA, KINGA 627 TURTLE RUN FORT LAUDERDALE, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINGA ROGOWSKA 15860 HUNTRIDGE ROAD DAVIE FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kinga Rogowska* **KINGA ROGOWSKA** 2/25/05 (954) 980-88-20