

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90185 050 ***158.75

DOCUMENT # P00000056935					
1. Entity Name PALEN & HOCHBERG, PROFESSIONAL ASSOCIATION					
Principal Place of Business 215 N OLIVE AVE #118 WEST PALM BEACH, FL 33401			Mailing Address 215 N OLIVE AVE #118 WEST PALM BEACH, FL 33401		
2. Principal Place of Business P.O. Box 3686 Suite, Apt. #, etc.			3. Mailing Address P.O. Box 3686 Suite, Apt. #, etc.		
City & State West Palm Beach, FL			City & State West Palm Beach, FL		
Zip 33402		Country USA		4. FEI Number 65-1009185	
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 PALEN, FRANK S 215 N OLIVE AVE STE 118 WEST PALM BEACH, FL 33401					
7. Name and Address of New Registered Agent Name: Palen, Frank S Street Address (P.O. Box Number is Not Acceptable): 224 Cornell Drive City: Lake Worth FL Zip Code: 33460					
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: <i>Frank S. Palen</i> DATE: 4-7-05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</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					
TITLE D	NAME PALEN, FRANK S				
STREET ADDRESS 215 N OLIVA AVE STE 118	CITY-ST-ZIP WEST PALM BEACH, FL 33401				
TITLE D	NAME HOCHBERG, ROBERT N				
STREET ADDRESS 215 N OLIVE AVE STE 118	CITY-ST-ZIP WEST PALM BEACH, FL 33401				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE D	NAME Palen, Frank S.				
STREET ADDRESS 224 Cornell Drive	CITY-ST-ZIP Lake Worth, FL 33460				
TITLE D	NAME Hochberg, Robert N.				
STREET ADDRESS 525 South Flagler Drive, Apt 6A	CITY-ST-ZIP West Palm Beach, FL 33401				
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 the empowered.					
SIGNATURE: <i>Robert N. Hochberg</i> Director 4/5/05 561/653-0100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50036201



03222005 Chg-P CR2E034 (10/03)