

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90015 009 ***150.00

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1. Entity Name
PALEN & HOCHBERG, PROFESSIONAL ASSOCIATION



Principal Place of Business
P.O. BOX 3686
WEST PALM BEACH, FL 33402

Mailing Address
P.O. BOX 3686
WEST PALM BEACH, FL 33402

4009818Z



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1009185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PALEN, FRANK S
224 CORNELL DRIVE
LAKE WORTH, FL 33460

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IN THIS SPACE**

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Frank S. Palen **FRANK S. PALEN, Director**

7/7/06
Date

561-533-5180
Daytime Phone #