

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000072928

FILED  
May 09, 2005  
Secretary of State

**Entity Name:** LAW OFFICES OF JOSEPH CICHOWSKI AND ASSOCIATES, PA

**Current Principal Place of Business:**

871 W. OAKLAND PAR  
300  
OAKLAND PARK, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

871 W. OAKLAND PAR  
300  
OAKLAND PARK, FL 33311

**New Mailing Address:**

**FEI Number:** 65-1083405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHICHOWSKI, JOSEPH  
871 W OAKLAND PK BLVD  
SUITE 300  
OAKLAND PARK, FL 33311 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CICHOWSKI, JOSEPH  
Address: 871 W OAKLAND PK BLVD  
City-St-Zip: OAKLAND PARK, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH CICHOWSKI

PD

05/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date