

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90087 003 \*\*\*150.00

<b>DOCUMENT # P00000072928</b>					
<b>1. Entity Name</b> LAW OFFICES OF JOSEPH CICHOWSKI AND ASSOCIATES, PA					
<b>Principal Place of Business</b> 871 W. OAKLAND PAR 300 OAKLAND PARK, FL 33311			<b>Mailing Address</b> 871 W. OAKLAND PAR 300 OAKLAND PARK, FL 33311		
<b>2. Principal Place of Business</b> 500 W Cypress Creek Rd. Suite, Apt. #, etc. 370			<b>3. Mailing Address</b> 500 W Cypress Creek Rd. Suite, Apt. #, etc. 370		
<b>City &amp; State</b> Ft. Lauderdale, Fl		<b>City &amp; State</b> Ft. Lauderdale, Fl		<b>4. FEI Number</b> 65-1083405	
<b>Zip</b> 33309		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CHICHOWSKI, JOSEPH 871 W OAKLAND PK BLVD SUITE 300 OAKLAND PARK, FL 33311			<b>7. Name and Address of New Registered Agent</b> Name Cichowski, Joseph Street Address (P.O. Box Number is Not Acceptable) 500 W Cypress Creek Rd. #370 City Ft. Lauderdale FL Zip Code 33309		
<b>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.</b>					
SIGNATURE:				DATE: 4/13/06	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICHOWSKI, JOSEPH 871 W OAKLAND PK BLVD OAKLAND PARK, FL 33311 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cichowski, Joseph 500 W Cypress Creek Rd. #370 Ft. Lauderdale, Fl 33309 <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				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
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				
<b>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.</b>					
SIGNATURE:				DATE: 4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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