2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

### STORMEND FERROR BOCK RATON, FL 33496 ### STORMEND FERROR BOCK RATON, FL 33496 ### Stormen Address of Business Surie, Aprl #, etc.	DOCUMENT # P00000101229 1. Entity Name DR. PAUL A. WEINER, P.A.					03-02-2005 90091 001 ***150.00					
Suite, Apt. 4, etc Suite, Ap	8079 SONGE	BIRD TERRACE	8079 SONGBIRD TERRACE				50	0219	50		
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Zip Country 33163 COUNTY S. Certificate of Status Desired \$8.75 Additional rice Reportation \$8.75							CR2E03	·			
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WEINER, PAUL 8079 SONGBIRD TERRACE BOCA RATON, FL 33498 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are 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 are the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Floridae. I am familiar with, and accept the obligation	Zîp		33163	Country		5. Certificate of	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Curren	t Registered Agent	Name		7. Name and A	Address of New R	legistered Ag	ent		
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 Floride. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the # applicable. (MOTE Registered Agent signature required when remetating) PILE NOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS CITY-S1-ZP TITLE NAME SIR	8079 SONGBIRD TERRACE										
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CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		Certify that the information supplied wi	th this filling does not qualify for		ated in So	oction 119 07(9)(i)	Florida Statutos	I further cortif	v that the is	nformation	

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 usage 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: _

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05 561-71695