2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002990

STOK, ABE

2875 NE 191 STREET SUITE 304

AVENTURA, FL 33180

Name:

Address: City-St-Zip:

Entity Name: STOK & ASSOCIATES, P.A.

FILED Feb 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2875 N.E. 191ST STREET SUITE 304 AVENTURA, FL 33180 **New Mailing Address: Current Mailing Address:** 2875 N.E. 191ST STREET SUITE 304 AVENTURA, FL 33180 FEI Number: 65-1072427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STOK, ROBERT A 2875 N.E. 191ST STREET SUITE 304 AVENTURA, FL 33180 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition STOK, ROBERT A Name: Name: 2875 N.E. 191ST STREET, SUITE 304 Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: STOK, SOPHIA P Name: 2875 NE 191 STREET SUITE 304 Address: Address: AVENTURA, FL 33180 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT A. STOK PD 02/03/2005