


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000043127 1. Entity Name JEFFREY L. KRONENGOLD, P.A.					
Principal Place of Business 2535 MONTCLAIRE CIRCLE FORT LAUDERDALE FL 33327			Mailing Address 2535 MONTCLAIRE CIRCLE FORT LAUDERDALE FL 33327		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1105769	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent KRONENGOLD, JEFFREY L 2535 MONTCLAIRE CIRCLE FORT LAUDERDALE FL 33327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete <input type="checkbox"/>	
	D KRONENGOLD, JEFFREY L	2535 MONTCLAIRE CIRCLE	WESTON FL 33327		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete <input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete <input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
Change <input type="checkbox"/> Addition <input type="checkbox"/>					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffrey Kronengold 3-10-06 954-324-1718