


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90449 004 ***150.00

DOCUMENT # P01000079343	
1. Entity Name MICHAEL KRASKIEWICZ, P.A.	

Principal Place of Business PO BOX 480101 FORT LAUDERDALE, FL 33348-0101	Mailing Address PO BOX 480101 FORT LAUDERDALE, FL 33348-0101
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2. Principal Place of Business 606 Faber Avenue Suite, Apt. #, etc.	3. Mailing Address 606 Faber Avenue Suite, Apt. #, etc.
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City & State Fort Pierce, FL	City & State Fort Pierce, FL
Zip 34949-3551	Zip 34949-3551
Country	Country



03152005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1130371	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRASKIEWICZ, MICHAEL J 3317 NE 37TH STREET FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent Name: Kraskiewicz, Michael J. Street Address (P.O. Box Number is Not Acceptable): 606 Faber Avenue City: Fort Pierce FL Zip Code: 34949-3551

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRASKIEW, MICHAEL J 3317 NE 37TH ST. FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kraskiewicz, Michael J 606 Faber Avenue Fort Pierce, FL 34949-3551 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  4/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #