## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000082797

1. Entity Name

HEARING FOUNDATION OF THE PALM BEACHES, INC.



## FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90289 048 \*\*\*150.00

Principal Place of Business				ailing Address											
2515 SUN COVE LANE PALM BEACH GARDENS, FL 33410 US				2515 SUN COVE LANE PALM BEACH GARDENS, FL 33410 US											
PALM BEAU	1 GAKUENS,	FL 33410 US	r	ALM BEACH GARDENS	), FL 33	1410 U.	3								
2. Principal Place of Business				3. Mailing Address										LEYE HENN Y	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01132005	(	Chg-P		CR2	E034	(10/03)	
City & State				City & State				4. FEI Numi 65-11		7					pplied For lot Applicable
Zip Country				Zip Country			·	5. Certificat	•		sired			3.75 Ad e Require	
	6. Name	and Address of C	urrent Regis	tered Agent				7. Name an	id Addi	ess of	New F	Registere	ed Age	nt	
BENET, AYMERIC 2515 SUN COVE LANE						Name Street Ad	ddress (I	P.O. Box Num	ber is N	lot Acc	eptable	e)			
NORTH PALM BEACH, FL 33408											_				
						City						F	=1	Zip Coo	 de
8. The above	named entit	ty submits this state	ment for the p	ourpose of changing its	registere	ed office or	register	ed agent, or b	oth, in 1	the Sta	te of Flo			niliar with	, and accept
the obligat	tions of regis	tered agent.													
SIGNATURE.	Signature, typeo	or printed name of register	red agent and title	if applicable. (NOTE	E: Registere	d Agent signatu	ure required	when reinstating)				DAT	E E		
					<del></del>	······································									
		FEE IS \$150.0		9. Election Campai	~	ncing	<b>\$5.</b>	<b>00</b> May Be							
After Ma	ay 1, 200	5 Fee will be \$	550.00	Trust Fund Cont	noution.		Addi	ed to Fees							
After Ma	ay 1, 200		<b>550.00</b> S AND DIREC		11.		Addi	ADDITIONS	S/CHAI	NGES 1	ΓΟ OFF	ICERS A	ND DI	RECTOF	IS IN 11
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/32/02

Daytime Phone #