


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90069 012 ***150.00

DOCUMENT # P01000087171		
1. Entity Name LEYLA SEMENOV, P.A.		

Principal Place of Business 2810 E. OAKLAND PARK BLVD. 200 FT. LAUDERDALE FL 33062	Mailing Address 2810 E. OAKLAND PARK BLVD. 200 FT. LAUDERDALE FL 33062
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2. Principal Place of Business 2810 E. Oakland Park Blvd	3. Mailing Address 2810 E. Oakland Park Blvd
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State Ft. Lauderdale	City & State Ft. Lauderdale
Zip 33306	Country USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent CHARLES J. GOLDMAN, P.A. 601 S. FEDERAL HWY. HOLLYWOOD FL 33020	
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4. FEI Number 65-1143640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SEMENOV, LEYLA 2810 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306	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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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: L. Semenov 02-01-05 954-396-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #