

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089473

Entity Name: AARON KAGHAN, P.A.

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

7118 OSPREY  
HOBE SOUND, FL 33455

## Current Mailing Address:

7118 OSPREY  
HOBE SOUND, FL 33455

## New Principal Place of Business:

10995 SE FEDERAL HWY  
SUITE 7  
HOBE SOUND, FL 33455

## New Mailing Address:

10995 SE FEDERAL HWY  
SUITE 7  
HOBE SOUND, FL 33455

FEI Number: 45-0474836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAGHAN, AARON  
7118 OSPREY  
HOBE SOUND, FL 33455 US

## Name and Address of New Registered Agent:

KAGHAN, AARON  
10995 SE FEDERAL HWY  
SUITE 7  
HOBE SOUND, FL 33455 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:

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MGR ( ) Delete  
Name: KABHAN, AARON  
Address: 7118 OSPREY  
City-St-Zip: HOBE SOUND, FL 33455

Title: MGR ( ) Delete  
Name: KAGHAN, KATHY  
Address: 7118 OSPREY  
City-St-Zip: HOBE SOUND, FL 33455

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change ( ) Addition  
Name: KABHAN, AARON  
Address: 10995 SE FEDERAL HWY, #7  
City-St-Zip: HOBE SOUND, FL 33455

Title: MGR (X) Change ( ) Addition  
Name: KAGHAN, KATHY  
Address: 10995 SE FEDERAL HWY, #7  
City-St-Zip: HOBE SOUND, FL 33455

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.

SIGNATURE: AARON KAGHAN

MGR

01/04/2005

Electronic Signature of Signing Officer or Director

Date