


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90038 028 ***150.00

DOCUMENT # P01000119079 1. Entity Name TRAVANI & RICHTER, P.A.	
---	---

Principal Place of Business 818 US HWY. 1, STE. A NORTH PALM BEACH, FL 33408 4360 Northlake Blvd. Ste 102 Palm Beach Gardens FL 33410	Mailing Address 818 US HWY. 1, STE. A NORTH PALM BEACH, FL 33408
DO NOT WRITE IN THIS SPACE	

20031423



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1159412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRAVANI, MISTY 2386 GABRIEL LN. WEST PALM BEACH, FL 33406
--

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RICHTER, DARLINE 19096 SE CORAL REEF LN. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRAVANI, MISTY 2386 GABRIEL LN. WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: <u>Darline Richter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/17/05</u> <small>Date</small>	<u>561-626-5655</u> <small>Daytime Phone #</small>
---	---------------------------------------	---