

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000968

Entity Name: ORIETTA SCHEKER, P.A.

FILED
May 24, 2005
Secretary of State

Current Principal Place of Business:

2920 SW 54TH STREET
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2920 SW 54TH STREET
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 80-0022839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEKER, LIYBANAN
2920 SW 54TH STREET
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

SCHEKER, LIYBANAN
2920 SW 54TH STREET
FORT LAUDERDALE, FL 33312 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: LIYBANAN SCHEKER

05/24/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SCHEKER, LYBRAR
Address: PO BOX 81-3561
City-St-Zip: HOLLYWOOD, FL 33081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHEKER, LIYBANAN
Address: PO BOX 81-3561
City-St-Zip: HOLLYWOOD, FL 33081

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: LIYBANAN SCHEKER

P

05/24/2005

Electronic Signature of Signing Officer or Director

Date