


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90119 013 ***150.00

DOCUMENT # P02000027622	
1. Entity Name PALM BEACH GARDENS OFFICE MANAGERS, INC.	

90081988

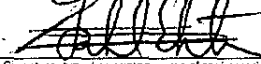
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2255 GLADES ROAD	3. Mailing Address 2255 GLADES
Suite, Apt. #, etc. SUITE 411-E	Suite, Apt. #, etc. SUITE 411-E
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33431	Country US

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 75-3022210		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 Current Registered Agent		
	Name GOTTSEGEN, STANLEY D		
Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD, SUITE 411-E			
City BOCA RATON, FL Zip Code 33431			

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

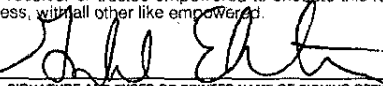
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE D	P/T GABRIEL EHRENSTEIN	TITLE D	V/S STANLEY D. GOTTSEGEN
NAME	6340 VIA TIERRA	NAME	2225 GLADES ROAD, SUITE 441-E
STREET ADDRESS	BOCA RATON, FL 33433	STREET ADDRESS	BOCA RATON, FL 33431
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriel Ehrenstein, President 4/10/03 561-833-4710

Date Daytime Phone #

CR2E034B (12/02)