


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90004 040 ***150.00

DOCUMENT # P02000033008					
1. Entity Name OURI KAHN, P.A.					
Principal Place of Business 354 FAIRMONT ROAD WESTON, FL 33326			Mailing Address 354 FAIRMONT ROAD WESTON, FL 33326		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0579345	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAHN, OURI 354 FAIRMONT RD WESTON, FL 33332-6			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE PST	<input type="checkbox"/> Delete				
NAME KAHN, OURI	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 354 FAIRMONT RD	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete				
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete				
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete				
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete				
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>OURI KAHN</u> <u>3/20/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

ATTACHMENT
400.36985
Division of Corporations

Annual Report

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Document Number	P02000033008
Business Entity Name	OURI KAHN, P.A.
FEI Number	020579345
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	354 FAIRMONT ROAD
Suite, Apt. #, etc.	
City, State	WESTON, FL
Zip Code & Country	33326

Mailing Address

Address	354 FAIRMONT ROAD
Suite, Apt. #, etc.	
City, State	WESTON, FL
Zip Code & Country	33326

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	KAHN, OURI
Address	354 FAIRMONT RD
Suite, Apt. #, etc.	
City, State	WESTON, FL
Zip Code & Country	333326 US
Registered Agent Signature	

Officer/Director Name and Address

Title	PST
Name (Last, First, Middle, Title)	KAHN, OURI
Street Address	354 FAIRMONT RD
City, State	WESTON, FL
Zip Code & Country	33326

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Title

PS

Officer/Director Signature OURI KAHN

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