


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90036 019 \*\*\*150.00

<b>DOCUMENT # P02000047275</b> 1. Entity Name <b>ROGATINSKY LAW PARTNERS P.A.</b>					
Principal Place of Business <b>130 NE 4TH STREET FORT LAUDERDALE, FL 33301</b>				Mailing Address <b>130 NE 4TH STREET FORT LAUDERDALE, FL 33301</b>	
2. Principal Place of Business <b>103 NE 4th Street</b> Suite, Apt. #, etc.				3. Mailing Address <b>103 NE 4th Street</b> Suite, Apt. #, etc.	
City & State <b>Fort Lauderdale Florida</b> Zip <b>33021</b>		City & State <b>Fort Lauderdale FL</b> Zip <b>33021</b>		4. FEI Number <b>03-0474348</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROGATINSKY, SAMUEL 130 NE 4TH STREET FORT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name <b>ROGATINSKY, SAMUEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>103 NE 4th Street</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33021</b>	
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROGATINSKY, SAMUEL 103 NE 4TH STREET FORT LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50026632**



03082005 Chg-P CR2E034 (10/03)

**3/8/05 954 763 9210**  
Date Daytime Phone #