


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90198 012 ***150.00

DOCUMENT # P02000130618					
1. Entity Name ROBERTA M. DEUTSCH, P.A.					
2. Principal Place of Business 1300 4000 NORTH FEDERAL HIGHWAY SUITE 204 107 BOCA RATON, FL 33431 US 33432		3. Mailing Address 1300 4000 NORTH FEDERAL HIGHWAY SUITE 204 107 BOCA RATON, FL 33431 US 33432			
4282005 Chg-P CR2E034 (10/03)		4. FEI Number 14-1863396			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent DEUTSCH, ROBERTA M ESQ. 1300 4000 NORTH FEDERAL HIGHWAY 204 107 BOCA RATON, FL 33431 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1300 N. Federal Hwy Suite 107 City Boca Raton, FL Zip Code 33432			
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: <u>Robert M. Deutsch</u> DATE: <u>4/28/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEUTSCH, ROBERTA M 4000 NORTH FEDERAL HIGHWAY STE. 204 107 BOCA RATON, FL 33431 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deutsch, Roberta M. 1300 N. Federal Hwy Suite 107 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <u>Robert M. Deutsch</u> DATE: <u>4/28/2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					