



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90228 034 \*\*\*150.00

<b>DOCUMENT # P03000006280</b> 1. Entity Name <b>KATHLEEN ACHILLE, P.A.</b>					
Principal Place of Business <b>707 S.E. 3RD AVE 402 FORT LAUDERDALE, FL 33316 US</b>			Mailing Address <b>8637 MIRAMAR PARKWAY MIRAMAR, FL 33025 US</b>		
2. Principal Place of Business <b>707 SE 3rd Ave</b>		3. Mailing Address 			
Suite, Apt. #, etc. <b>#401</b>		Suite, Apt. #, etc. 			
City & State <b>Fort Lauderdale FL</b>		City & State 			
Zip <b>33316</b>		Country <b>U.S.</b>		4. FEI Number <b>06-1674095</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ACHILLE, KATHLEEN 8637 MIRAMAR PARKWAY MIRAMAR, FL 33025</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ACHILLE, KATHLEEN 8637 MIRAMAR PARKWAY MIRAMAR, FL 33025</b> <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.					
<b>SIGNATURE:</b> 			<b>2/25/05</b> Date		<b>524-8060</b> Daytime Phone #

30060601



02252005 Chg-P CR2E034 (10/03)