


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90178 050 \*\*\*150.00

<b>DOCUMENT # P03000020086</b>					
<b>1. Entity Name</b> U. CARINA BORJESSON, P.A.					
<b>Principal Place of Business</b> 637 MASTERS WAY PALM BEACH GARDENS, FL 33418			<b>Mailing Address</b> 637 MASTERS WAY PALM BEACH GARDENS, FL 33418		
<b>2. Principal Place of Business</b> 12790 OAK KNOLL DR.		<b>3. Mailing Address</b> 12790 OAK KNOLL DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PALM BEACH GARDENS		<b>City &amp; State</b> PALM BEACH GARDENS		<b>4. FEI Number</b> 54-2097518	
<b>Zip</b> FL 33418		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> BORJESSON, U. CARINA 637 MASTERS WAY- PALM BEACH GARDENS, FL 33418			<b>7. Name and Address of New Registered Agent</b> Name: U. CARINA BORJESSON Street Address (P.O. Box Number is Not Acceptable): 12790 OAK KNOLL DR. City: PALM BEACH GARDENS FL Zip Code: 33418		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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	D BORJESSON, U. CARINA <input type="checkbox"/> Delete 637 MASTERS WAY PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U. CARINA BORJESSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12790 OAK KNOLL DR. PALM BEACH GARDENS FL 33418	
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	
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	
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	
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	
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	
<b>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>					
<b>SIGNATURE:</b> <i>U. Carina Borjesson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-1-05 (561) 776-7286 Date Daytime Phone #		

U. CARINA BORJESSON