

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90003 031 \*\*\*150.00

**DOCUMENT # P03000041795**

1. Entity Name  
**WARLEN AND COMPANY, P.A.**



Principal Place of Business  
**2450 HOLLYWOOD BLVD., SUITE 201  
HOLLYWOOD, FL 33020**

Mailing Address  
**2450 HOLLYWOOD BLVD., SUITE 201  
HOLLYWOOD, FL 33020**

2. Principal Place of Business  
**5220 S UNIVERSITY DRIVE  
Suite, Apt. #, etc.  
SUITE 211**

3. Mailing Address  
**5220 S UNIVERSITY DRIVE  
Suite, Apt. #, etc.  
SUITE 211**



01122006 Chg-P CR2E034 (11/05)

City & State  
**DAVIE, FL**

City & State  
**DAVIE, FL**

4. FEI Number  
**56-2346304**

Applied For  
Not Applicable

Zip  
**33328**

Country  
**USA**

Zip  
**33328**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WARLEN, GARY M  
2450 HOLLYWOOD BLVD., SUITE 201  
HOLLYWOOD, FL 33020**

**7. Name and Address of New Registered Agent**

Name  
**WARLEN, GARY M**  
Street Address (P.O. Box Number is Not Acceptable)  
**5220 S UNIVERSITY DRIVE  
SUITE 211**  
City  
**DAVIE FL** Zip Code  
**33328**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARLEN, GARY M 2450 HOLLYWOOD BLVD., SUITE 201 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARLEN, GARY M 5220 S UNIVERSITY DRIVE, STE 211 DAVIE, FL 33328	<input checked="" 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
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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/06**  
Date

Daytime Phone # \_\_\_\_\_