
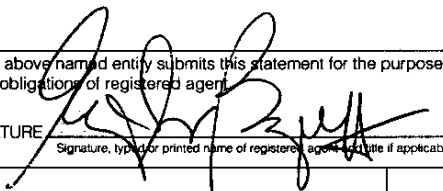
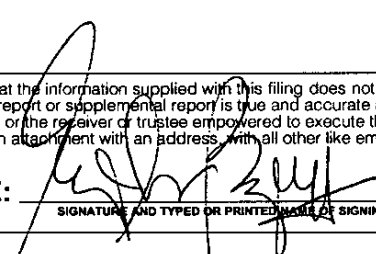


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90375 018 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000114327			
1. Entity Name ELLYN SETNOR BOGDANOFF P.A.			
Principal Place of Business 908 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316		Mailing Address 908 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316	
2. Principal Place of Business 921 SE 11 Ct		3. Mailing Address 921 SE 11 Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33316		Zip 33316	
Country USA		Country USA	
4. FEI Number 35-2217262		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, ADELE I C/O ATKINSON, DINER, STONE, ET AL, P.A. 1946 TYLER STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Bogdanoff, Ellyn Setnor Street Address (P.O. Box Number is Not Acceptable) 921 SE 11 Ct City Fort Lauderdale FL Zip Code 33316	
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  DATE 4/14/06 <small>Signature, type 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, 2006 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	D BOGDANOFF, ELLYN SETNOR 908 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bogdanoff, Ellyn Setnor 921 SE 11 Ct Fort Lauderdale, FL 33316 <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 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: 		Date 4/14/06 954 767 9850 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			