


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90338 003 ***150.00

DOCUMENT # P04000007089

1. Entity Name
 CAROL ELBAZ, P.A.



Principal Place of Business
 3263 OSPREY LANE
 WEST PALM BEACH, FL 33411 US

Mailing Address
 3263 OSPREY LANE
 WEST PALM BEACH, FL 33411 US

50010812

2. Principal Place of Business
 6077 Via Bellini

3. Mailing Address
 6077 Via Bellini

Suite, Apt. #, etc.



03302006 Chg-P CR2E034 (11/05)

City & State
 Lake Worth FL

City & State
 Lake Worth FL

Zip Country
 33467 USA

Zip Country
 33467 USA

4. FEI Number
 59-3776352

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ELBAZ, CAROL PRES
 3263 OSPREY LANE
 WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name
 CAROL ELBAZ

Street Address (P.O. Box Number is Not Acceptable)
 6077 VIA BELLINI

City LAKE WORTH FL Zip Code 33467

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: *Carol Elbaz* x 4/13/06

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 | PVST ELBAZ, CAROL 3263 OSPREY LANE WEST PALM BEACH, FL 33411 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELBAZ, CAROL 3263 OSPREY LANE WEST PALM BEACH, FL 33411 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST ELBAZ, Carol 6077 Via Bellini Lake Worth FL 33467 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELBAZ, Carol 6077 Via Bellini Lake Worth FL 33467 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> 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: *Carol Elbaz* x 4/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #