2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # P04000030496 **Secretary of State** t. Entity Name KENT WEISS, P.A. Principal Place of Business Mailing Address **6745 NW 74TH COURT** 6745 NW 74TH COURT PARKLAND FL 33067 PARKLAND FL 33067 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State 4. FEI Number Applied For City & State 20-0670065 Not Applica Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEISS, KENT 6745 NW 74TH COURT Street Address (P.O. Box Number is Not Acceptable) PARKLAND FL 33067 City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent SIGNATURE DATE Signature, typed or prailed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete MLE ☐ Change ☐ Adi NAME WEISS, JANE MAM U00000416612 STREET ADDRESS STREET ADDRESS 6745 NW 74TH COURT 02/13/06-60021-016 150.80 CITY-ST-ZIP City-St-ZiP PARKLAND FL 33067 ☐ Delete TITLE ☐ Change □ Ah" TITLE NAME WEISS, KENT NAME STREET ADDRESS 6745 NW 74TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 TITLE ☐ Delete THE ☐ Change □ A6." NAME STREET ADDRESS STREET ADDRESS C(TY-ST-Z:P CITY -ST-ZIP ☐ Ad."" ☐ Change TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP C(TY - ST- ZIP □ Marin 1111.8 ☐ Detete HUE Change NAME NAME STREET ACCRESS STREET ADDRESS CITY -ST -ZIP C(1Y-\$1-Z(P)

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Las (les

FILED

954-474-6660