


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90042 011 ***150.00

DOCUMENT # P04000046429	
1. Entity Name DAVID A. FEFFER, P.A.	

Principal Place of Business 9900 W SAMPLE RD SUITE 300 CORAL SPRINGS, FL 33065	Mailing Address 9900 W SAMPLE RD SUITE 300 CORAL SPRINGS, FL 33065
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40004943

2. Principal Place of Business 20423 SR 7 Suite, Apt. #, etc. Box 260 City & State BOCA RATON, FL 33498 Zip Country USA	3. Mailing Address 20423 SR 7 Suite, Apt. #, etc. Box 260 City & State BOCA RATON, FL Zip 33498 Country USA
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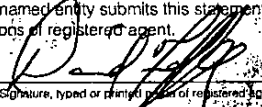


01102005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0905814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FEFFER, DAVID A 9900 W SAMPLE RD SUITE 300 CORAL SPRINGS, FL 33065 20423 SR 7 Box 260 BOCA RATON, FL 33498	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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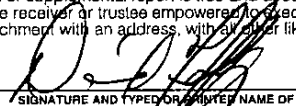
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinsuring) DATE: 1/19/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEFFER, DAVID A 20423 SR 7 Box 260 BOCA RATON, FL 33498 <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
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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.

SIGNATURE:  DATE: 1/19/05 Daytime Phone #