

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90018 032 \*\*\*150.00

<b>DOCUMENT # P04000056836</b> 1. Entity Name <b>FRANCES DEVIVO, P.A.</b>					
Principal Place of Business <b>770 HIGH POINT BLVD N, APT D DELRAY BEACH FL 33445-3130</b>			Mailing Address <b>770 HIGH POINT BLVD N, APT D DELRAY BEACH FL 33445-3130</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1063201</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOEL M. COMERFORD, P.A. 261 E PALMETTO PARK RD BOCA RATON FL 33432</b>				7. Name and Address of New Registered Agent Name <b>JOEL M. COMERFORD, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>350 CAMINO GARDENS BLVD, STE. 303</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33432</b>	
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 <i>Joel M. Comerford</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<b>JOEL M. COMERFORD</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>3/28/05</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>Director/Incorporator</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEVIVO, FRANCES</b>		NAME		
STREET ADDRESS	<b>770 HIGH POINT BLVD N, APT D</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445-3130</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frances Devivo* **4/5/05 FRANCES DEVIVO 561-276-1080**

Date

Daytime Phone

**561-479-8688**