

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90489 024 \*\*\*150.00

**DOCUMENT # P04000086656**

1. Entity Name  
**JEFFREY BOGERT, P.A.**



Principal Place of Business  
**12701 S.W 72ND AVENUE  
PINECREST, FL 33156 US**

Mailing Address  
**12701 S.W 72ND AVENUE  
PINECREST, FL 33156 US**



2. Principal Place of Business  
**2121 Ponce De Leon Blvd  
Suite, Apt. #, etc.  
720**

3. Mailing Address  
**2121 Ponce De Leon Blvd  
Suite, Apt. #, etc.  
720**

04062005 Chg-P CR2E034 (10/03)

City & State  
**Coral Gables FL**  
Zip  
**33134** Country  
**US**

City & State  
**Coral Gables FL**  
Zip  
**33134** Country  
**US**

4. FEI Number  
**20-1213113** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DRAY, S. PATRICK  
44 WEST FLAGLER STREET  
SUITE 950  
MIAMI, FL 33130**

## 7. Name and Address of New Registered Agent

Name  
**Jeffrey Bogert**  
Street Address (P.O. Box Number is Not Acceptable)  
**2121 Ponce De Leon Blvd  
Suite 720**  
City  
**Coral Gables FL** Zip Code  
**33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/25/05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOGERT, JEFFREY</b>	
STREET ADDRESS	<b>12701 S.W. 72ND AVENUE</b>	
CITY-ST-ZIP	<b>PINECREST, FL 33156</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2121 Ponce de Leon Blvd., Suite 720</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFREY BOGERT**

**04/25/05**  
Date

**(305) 442-9111**  
Daytime Phone #