


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90174 050 ***150.00

DOCUMENT # P04000094638 1. Entity Name VIVIENNE SINKOW, P.A.																											
Principal Place of Business 4985 SANDRA BAY DRIVE SUITE 103 NAPLES FL 34109 US		Mailing Address 4985 SANDRA BAY DRIVE SUITE 103 NAPLES FL 34109 US																									
2. Principal Place of Business 20006 GRANDE LAKE DR Suite, Apt. #, etc.		3. Mailing Address 20006 GRANDE LAKE DR Suite, Apt. #, etc.																									
City & State ESTERO FL Zip 33928 Country LEE		City & State ESTERO FL Zip 33928 Country LEE																									
4. FEI Number 14-1911737		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)																									
6. Name and Address of Current Registered Agent SINKOW, VIVIENNE 4985 SANDRA BAY DRIVE SUITE 103 NAPLES FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 <u>Vivienne Sinkow</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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12. I hereby 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 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: Vivienne Sinkow April 15th 2006 239 495 7506

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