
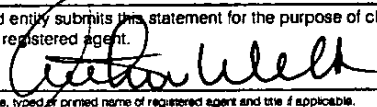
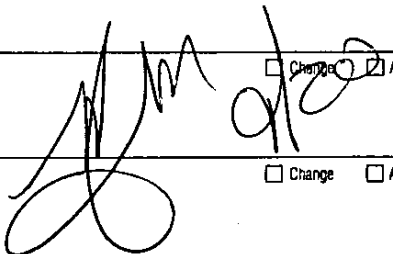
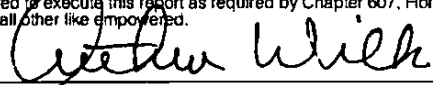


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

I did not receive proper notice.  
I am sending \$250.00 because of  
that. **FILED**

*1002*

05 SEP 20 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000135478</b>		
1. Entity Name <b>ARTHUR ALLAN WILK, P.A.</b>		
Principal Place of Business <b>4279 NORTH PINE ISLAND ROAD SUNRISE, FL 33351</b>		Mailing Address <b>4279 NORTH PINE ISLAND ROAD SUNRISE, FL 33351</b>
2. Principal Place of Business <b>same as above</b>	3. Mailing Address <b>same as above</b>	
Suite, Apt. #, etc. <b>same as above</b>	Suite, Apt. #, etc. <b>same as above</b>	
City & State <b>same as above</b>	City & State <b>same as above</b>	
Zip <b>same as above</b>	Country <b>same as above</b>	Country <b>same as above</b>
4. FEI Number <b>202697463</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>WEISSMAN, HAROLD ESQ 1776 PINE ISLAND ROAD STE 118 PLANTATION, FL 33322</b>		7. Name and Address of New Registered Agent Name <b>Arthur Wilk</b> Street Address (P.O. Box Number is Not Acceptable) <b>4279 N. Pine Island Road</b> City <b>Sunrise Fla.</b> FL Zip Code <b>33351</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:  DATE: <b>8/29/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WILK, ARTHUR A</b> <b>4279 NORTH PINE ISLAND ROAD</b> <b>SUNRISE, FL 33351</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900059765519</b> <b>09/20/05--01006--002 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Arthur Wilk</b> 		Date: <b>8/29/05</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



ERA All Action Inc., ERA

Always There For You<sup>SM</sup>

Licensed Real Estate Broker

A handwritten signature in the top right corner of the page.

Florida Department of State  
September 15, 2005

Dear Sir or Madam:

I am writing to you in response to your letter ref: # P04000135478. I have signed the document that you have returned to me and enclosed a check for \$150.00 and I am requesting a waiver of the late fee and the reinstatement fee. Thank you for your kind assistance.

Very Truly Yours,

A handwritten signature of Arthur Wilk.

Arthur Wilk