

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90015 028 \*\*\*150.00

<b>DOCUMENT # P04000136293</b> 1. Entity Name <b>DAVID SCHRAND, P.A.</b>			
Principal Place of Business <b>2217 NE 20 AVE WILTON MANORS, FL 33305</b>		Mailing Address <b>2217 NE 20 AVE WILTON MANORS, FL 33305</b>	
2. Principal Place of Business <b>2625 NE 15TH ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>2625 NE 15TH ST</b> Suite, Apt. #, etc.	
City & State <b>FT LAUDERDALE, FL</b> Zip <b>33304</b>		City & State <b>FT LAUDERDALE, FL</b> Zip <b>33304</b>	
Country <b>BROWARD</b>		Country <b>BROWARD</b>	
4. FEI Number <b>51-0523398</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SCHRAND, DAVID 2217 NE 20 AVE WILTON MANORS, FL 33305</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2625 NE 15TH ST</b> City <b>FT LAUDERDALE</b> <b>FL</b> Zip Code <b>33304</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 <u><i>David Schrand</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR <b>SCHRAND, DAVID</b> <b>2217 NE 20 AVE</b> <b>WILTON MANORS, FL 33305</b> <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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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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 lines empowered.			
SIGNATURE: <u><i>David Schrand</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	