## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000164944**

1. Entity Name PAT PAUL ASSOCIATES, INC.



04-10-2006 90334 038 \*\*\*150.00

Apr 10, 2006 8:00 am Secretary of State

**FILED** 

Principal Place of Business

520 B NE 9TH AVENUE FORT LAUDERDALE, FL 33301 Mailing Address

520 B NE 9TH AVENUE FORT LAUDERDALE, FL 33301

50010637



DO NOT WRITE IN THIS SPACE



03212006 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1945251

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL, PAT 520 B NE 9TH AVENUE FORT LAUDERDALE, FL 33301 DO NOT WRITE IN THIS SPACE

差費 生						
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_						
	Signature, typed or printed name of registered agent and title in	f applicable, (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	T		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD PAUL, PAT 520 B NE 9TH AVENUE FORT LAUDERDALE, FL 33301					
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TITLE NAME STREET ADDRESS						

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 of rustee 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

4/2/06

954-572-5182

Daytime Phone #