

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026599

FILED
Mar 31, 2006
Secretary of State

Entity Name: DR. WAFA ABDULRAZZAQ, P.A.

Current Principal Place of Business:

1600 NW 110TH AVE., #161
PLANTATION, FL 33322

New Principal Place of Business:

5800 S. UNIVERSITY DRIVE
DAVIE, FL 33328

Current Mailing Address:

1600 NW 110TH AVE., #161
PLANTATION, FL 33322

New Mailing Address:

1580 NW 128 DRIVE
101
SUNRISE, FL 33323

FEI Number: 02-0737942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABDULRAZZAQ, WAFA
1600 NW 110TH AVE., #161
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

ABDULRAZZAQ, WAFA
1580 NW 128 DRIVE
101
SUNRISE, FL 33323 US

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.

SIGNATURE: WAFA ABDULRAZZAQ

03/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABDULRAZZAQ, WAFA
Address: 1600 NW 110TH AVE., #161
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ABDULRAZZAQ, WAFA
Address: 1580 NW 128 DRIVE #101
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAFA ABDULRAZZAQ

D

03/31/2006

Electronic Signature of Signing Officer or Director

Date