

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-17-2006 90077 004 ***150.00

DOCUMENT # P05000081977 1. Entity Name ARNOLD H. KOSOFF, P.A.					
Principal Place of Business 10378 STONEBRIDGE BLVD BOCA RATON FL 33498				Mailing Address 10378 STONEBRIDGE BLVD BOCA RATON FL 33498	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-2452153	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSSOFF, ARNOLD 10378 STONEBRIDGE BLVD BOCA RATON FL 33498				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 _____ (NOTE: Registered Agent signature required when re-stating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOSSOFF, ARNOLD 10378 STONEBRIDGE BLVD BOCA RATON FL 33498	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KOSSOFF, ESTHER 10378 STONEBRIDGE BLVD BOCA RATON FL 33498	<input type="checkbox"/> Delete			
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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: <u>Arnold H. Kosoff</u> - ARNOLD H. KOSOFF, PRES. 2/7/06 (561) 483-1929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number</small>					



FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATTACHMENT
66005728

February 21, 2006

ACTION PROPERTIES, INC. ← NAME CHANGED ON 1/1/06
10378 STONEBRIDGE BLVD
BOCA RATON, FL 33498

NEW NAME: -

Subject: ARNOLD H. KOSSOFF, P.A.

Reference Number: P05000081977

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj
ANNUAL REPORTS SECTION

SORRY !

FEI # 11-2452153

AS FILLED IN ON FORM

P.O. BOX 6327 - Tallahassee, Florida 32314

Arnold H. Kossoff