


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-14-2006 90026 006 \*\*\*150.00

<b>DOCUMENT # P05000113031</b>			
1. Entity Name <b>IBRAHIM WAFIK, P.A.</b>			
Principal Place of Business <b>2686 JOHN ANDERSON DR ORMOND BEACH, FL 32176</b>		Mailing Address <b>2686 JOHN ANDERSON DR ORMOND BEACH, FL 32176</b>	
2. Principal Place of Business <b>2900 John Anderson Dr.</b>		3. Mailing Address <b>2900 John Anderson Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Ormond Beach</b>		City & State <b>Ormond Beach, FL</b>	
Zip <b>32176</b>	Country	Zip <b>32176</b>	Country
4. FEI Number <b>59-3574684</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WAFIK, IBRAHIM 2686 JOHN ANDERSON DR ORMOND BEACH, FL 32176</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2900 John Anderson Dr</b> City <b>Ormond Beach</b> FL Zip Code <b>32176</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>Ibrahim Wafik</i></u> DATE <u>7/10/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<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	PD WAFIK, IBRAHIM 2686 JOHN ANDERSON DR ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2900 John Anderson Dr. Ormond Beach, FL 32176</b> <input checked="" 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 like empowered.			
SIGNATURE: <u><i>Ibrahim Wafik</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/10/2006</u> (386) 441-3035 <small>Date Daytime Phone #</small>	

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