

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000134171

1. Entity Name

CARMEN WATANABE DE PYCHYNISKI P.A.



**FILED
May 08, 2006 8:00 am
Secretary of State**

05-08-2006 90272 015 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business 10326 BROOKVILLE LANE BOCA RATON FL 33428	Mailing Address 10326 BROOKVILLE LANE BOCA RATON FL 33428
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2. Principal Place of Business 21910 Palm Grass Dr Suite, Apt. #, etc.	3. Mailing Address 21910 Palm Grass Dr Suite, Apt. #, etc.
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City & State Boca Raton FL	City & State Boca Raton FL
Zip 33428	Country USA
Zip 33428	Country USA

6. Name and Address of Current Registered Agent PYCHYNISKI, CARMEN 10326 BROOKVILLE LANE BOCA RATON FL 33428	7. Name and Address of New Registered Agent Name CARMEN WATANABE DE PYCHYNISKI Street Address (P.O. Box Number is Not Acceptable) 21910 PALM GRASS DR.
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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 *Carmen W. de Pychynski*

(NOTE: Registered Agent signature required when restating)

4/20/06

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	
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9. Election Campaign Financing
Trust Fund Contribution. \$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	PRES WATANABE DE PYCHYNISK, CARMEN 10326 BROOKVILLE LANE BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *Carmen W. de Pychynski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

Date

561-302-0002

Daytime Phone #