


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-08-2006 90272 015 \*\*\*150.00

<b>DOCUMENT # P05000134171</b> 1. Entity Name <b>CARMEN WATANABE DE PYCHYNSKI P.A.</b>					
Principal Place of Business <b>10326 BROOKVILLE LANE BOCA RATON FL 33428</b>				Mailing Address <b>10326 BROOKVILLE LANE BOCA RATON FL 33428</b>	
2. Principal Place of Business <b>21910 Palm Grass Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>21910 Palm Grass Dr</b> Suite, Apt. #, etc.		1st MOORE      CR2E034 (10/05)	
City & State <b>Boca Raton FL</b> Zip      Country <b>33428      USA</b>		City & State <b>Boca Raton FL</b> Zip      Country <b>33428      USA</b>		4. FEI Number <b>20-3522577</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>PYCHYNSKI, CARMEN 10326 BROOKVILLE LANE BOCA RATON FL 33428</b>	
7. Name and Address of New Registered Agent Name <b>CARMEN WATANABE DE PYCHYNSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>21910 PALM GRASS DR.</b> City <b>Boca Raton FL</b> Zip Code <b>33428</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>Carmen W. de Pichynski</i></u> 4/20/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WATANABE DE PYCHYNSKI, CARMEN 10326 BROOKVILLE LANE BOCA RATON FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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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><i>Carmen W. de Pichynski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/06      561-302-0002 <small>Date      Daytime Phone #</small>		