

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90100 012 ***150.00

DOCUMENT # P05000134315					
1. Entity Name STYPEREK-GROHMANN, P.A.					
Principal Place of Business 2314 SOUTH SEACREST BOULEVARD SUITE 201 BOYNTON BEACH, FL 33435			Mailing Address 2314 SOUTH SEACREST BOULEVARD SUITE 201 BOYNTON BEACH, FL 33435		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <u>102 201</u>			Suite, Apt. #, etc. <u>102 201</u>		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02132006 Chg-P CR2E034 (11/05)	
4. FEI Number <u>2083565395</u>				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 STYPEREK-GROHMANN, KINGA EVA 2314 SOUTH SEACREST BOULEVARD SUITE 201 <u>102 201</u> BOYNTON BEACH, FL 33435			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	PVST STYPEREK-GROHMANN, KINGA EVA 2314 SOUTH SEACREST BOULEVARD SUITE 201 BOYNTON BEACH, FL 33435 <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	D STYPEREK-GROHMANN, KINGA EVA 2314 SOUTH SEACREST BOULEVARD SUITE 201 BOYNTON BEACH, FL 33435 <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 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>[Signature]</u> Date <u>2/14/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					