

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000009220
 1. Entity Name
 CHERYL J. LEVIN, P.A.



Principal Place of Business COURTYARD BUSINESS CENTER 4694 NW 103RD AVENUE SUNRISE, FL 33351-7970	Mailing Address COURTYARD BUSINESS CENTER 4694 NW 103RD AVENUE SUNRISE, FL 33351-7970
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04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0368636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVIN, CHERYL J.
 4694 NW 103RD AVE
 SUNRISE, FL 33351

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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 Cheryl J. Levin, Esq - President DATE 4/11/05
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LEVIN, CHERYL J. 4694 NW 103RD AVE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, CHERYL J 4694 NW 103RD AVE SUNRISE, FL 33351
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 exemption stated in Section 19.07(3)(f), 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: Cheryl J. Levin, President DATE 4/11/05 DAYTIME PHONE # 954-742-9034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR