

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90126 024 \*\*\*150.00

DOCUMENT # P92000009246



1. Entity Name  
MICHAEL J. FINGAR, P.A.

Principal Place of Business

Mailing Address

200 LESLIE DR  
814  
HALLANDALE, FL 33009 US

200 LESLIE DR  
814  
HALLANDALE, FL 33009 US

2. Principal Place of Business

3. Mailing Address

17064 BOCA CLUB BOULEVARD #4  
Suite, Apt. #, etc.

Suite, Apt. #, etc. "



04102006 Chg-P CR2E034 (11/05)

City & State

City & State

BOCA RATON  
FL  
33487 US

FL  
Zip " Country "

4. FEI Number

65-0372598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINGAR, MICHAEL J  
200 LESLIE DR.  
STE. 814  
HALLANDALE, FL 33009

17064 BOCA CLUB  
BLVD. #4  
BOCA RATON,  
FL 33481

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4/10/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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 D  
NAME FINGAR, MICHAEL J  
STREET ADDRESS 200 LESLIE DR. SUITE 814  
CITY-ST-ZIP HALLANDALE, FL 33009

☐ Delete

17064 BOCA CLUB BLVD  
#4

TITLE  
NAME BOCA RATON  
STREET ADDRESS FL 33487  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

561-789-4970

Daytime Phone #