


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90275 008 ***150.00

DOCUMENT # P93000063905	
1. Entity Name DUKER & ASSOCIATES, P.A.	

Principal Place of Business 2832 UNIVERSITY DR CORAL SPRINGS, FL 33065	Mailing Address 2832 UNIVERSITY DR CORAL SPRINGS, FL 33065
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20046593



2. Principal Place of Business 5401 N. UNIVERSITY DR Suite, Apt. #, etc. Suite 204 City & State Coral Springs FL Zip 33067 Country	3. Mailing Address 5401 N. UNIVERSITY DR Suite, Apt. #, etc. Suite 204 City & State Coral Springs FL Zip 33067 Country
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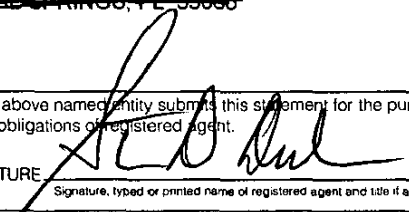
04222005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0437240	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUBROW DUKER & ASSOCIATES, P.A. 2832 UNIVERSITY DR CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5401 N. UNIVERSITY DR Ste 204 City Coral Springs FL Zip 33067
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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.

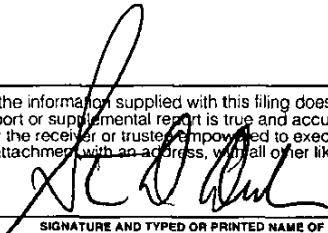
SIGNATURE  DATE **4/22/05**

Signature, typed or printed name of registered agent and title 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUKER, STEVEN D 2832 UNIVERSITY DR CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5401 N. UNIVERSITY DR, Ste 204 Coral Springs FL 33067
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 exemption stated in Section 119.07(3)(i), 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:  Director DATE **4/22/05** (954) 345-0323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR