

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000065569

1. Entity Name
LARRY MOSKOWITZ, P.A.



Principal Place of Business

3111 STIRLING RD
C-303
FORT LAUDERDALE, FL 33312 US

Mailing Address

3111 STIRLING RD
C-303
FORT LAUDERDALE, FL 33312 US



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0432370

Applied For
No. Application

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOSKOWITZ, NORMAN
1724 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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 hereby certifying and accepting the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

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

000000512497
04/29/06 80093-005 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOSKOWITZ, LARRY
STREET ADDRESS 3111 STIRLING RD C303
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 by the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the filing shall appear in Block 12 of Block 111 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

4-12-06 974-963-9191

Date

Daytime Phone #