


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000021996	
1. Entity Name DOLORES GARFINKLE, P.A.	

Principal Place of Business 1024 FAIRFAX LANE WESTON, FL 33326	Mailing Address 1024 FAIRFAX LANE WESTON, FL 33326
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0478211	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 GARFINKLE, GARY 1024 FAIRFAX LANE WESTON, FL 33326	
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**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 familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 1-4-05

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		<p>U000000172647 01/06/05-80006-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GARFINKLE, GARY 1024 FAIRFAX LANE WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARFINKLE, DOLORES R 1024 FAIRFAX LANE FT LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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: GARY GARFINKLE 1-5-04 954.389-9383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #