


FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000041823 1. Entity Name EZRA KAHN AND ASSOCIATES INC.				Mar 17, 2005 08:00 Secretary of State	
Principal Place of Business 2915 SOUTH CONGRESS AVENUE SUITE F DELRAY BEACH, FL 33445		Mailing Address 2915 SOUTH CONGRESS AVENUE SUITE F DELRAY BEACH, FL 33445			
DO NOT WRITE IN THIS SPACE				03102005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 65-0492939	
				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 KAHN, EZRA 2915 SOUTH CONGRESS AVENUE SUITE F DELRAY BEACH, FL 33445				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PVP KAHN, EZRA 8770 WINDROW WAY BOCA RATON, FL 33496		U000000266577 03/17/05-80037-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD KAHN, EZRA 8770 WINDROW WAY BOCA RATON, FL 33496		DO NOT WRITE IN THIS SPACE	
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)(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: 		3/14/04 561-279			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

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