2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachn

SIGNATURE:

Feb 18, 2005 08:00 AM DOCUMENT # P94000075000 **Secretary of State** 1. Entity Name RICHARD K. WEISS, P.A. Principal Place of Business Mailing Address 5361 ANGEL WING DRIVE BOYNTON BEACH FL 33437 5361 ANGEL WING DRIVE **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 65-0526486 Not Applicable Zip Country Ζīρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEISS, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 5361 ANGEL WINA DRIVE **BOYNTON BEACH FL 33437** 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 (NOTE Registered Agent signature required when railfstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. meChange Addition TITLE ☐ Defete U00000235097 WEISS, RICHARD K NAME NAME 02/18/05-80046-021 150.00 5361 ANGEL WING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLETITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Addition ☐ Change TITLE 🔲 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Addition Change Delete nnr 1111.5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY.ST-7IP 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

with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED