


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000075640</b> 1. Entity Name <b>CHARLES N. TETUNIC, P.A.</b>	
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 701 W. TROPICAL WAY PLANTATION FL 33317 US	Mailing Address 701 W. TROPICAL WAY PLANTATION FL 33317 US
---------------------------------------------------------------------------------	---------------------------------------------------------------------



1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number <b>65-0530317</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---------------------------------------------------------------------------------

5. Name and Address of Current Registered Agent  <b>TETUNIC, CHARLES N</b> <b>701 W TROPICAL WAY</b> <b>PLANTATION FL 33317</b>	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
---------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 <i>Charles Tetunic</i>	(NOTE: Registered Agent signature required when reinstating)	DATE <b>1/20/05</b>
----------------------------------	--------------------------------------------------------------	---------------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TETUNIC, CAHRLES N</b> <b>701 W. TROPICAL WAY</b> <b>PLANTATION FL 33317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add  <b>U00000190714</b> <b>01/24/05-80146-013 150.00</b>
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"/> Add
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"/> Add
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"/> Add
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"/> Add
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"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Charles Tetunic</i>	DATE <b>1/20/05</b>	(954) 764-1000
-----------------------------------	---------------------	----------------