


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 18, 2005 08:00 AM  
Secretary of State

|  |                     |                                 |   |  |                              |
|--|---------------------|---------------------------------|---|--|------------------------------|
| <b>DOCUMENT # P94000078510</b>   |                     |                                 |   |   |                              |
| 1. Entity Name<br><b>ARNOLD M. STRAUS AND ASSOCIATES, P.A.</b>   |                     |                                 |   |  |                              |
| Principal Place of Business<br><b>2189 NW 59TH ST<br/>BOCA RATON FL 33496</b>  |                     |                                 | Mailing Address<br><b>2189 NW 59TH ST<br/>BOCA RATON FL 33496</b> |  |                              |
| 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>65-0534838</b>  |                              |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                     |                                 |   | 8.75 Additional Fee Required   |                              |
| 6. Name and Address of Current Registered Agent  |                     |                                 | 7. Name and Address of New Registered Agent                       |  |                              |
| <b>STRAUS, ARNOLD M<br/>2189 NW 59TH ST<br/>BOCA RATON FL 33496</b>  |                     |                                 | Name  |  |                              |
|  |                     |                                 | Street Address (P.O. Box Number is Not Acceptable)                |  |                              |
|  |                     |                                 | City  |  |                              |
|  |                     |                                 | FL 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 reinstating)   |                     |                                 |   |  |                              |
| DATE _____   |                     |                                 |   |  |                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                     |                                 |   | 9. Election Campaign Financing <b>\$5.00 May E</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b> |                              |
| 10. OFFICERS AND DIRECTORS   |                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |                              |
| TITLE  | DPS                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   | STRAUS, ARNOLD M    |                                 | NAME  |  |                              |
| STREET ADDRESS   | 2189 NW 59TH ST     |                                 | STREET ADDRESS  |  |                              |
| CITY - ST - ZIP  | BOCA RATON FL 33496 |                                 | CITY - ST - ZIP   |  |                              |
| TITLE  |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   |                     |                                 | NAME  |  |                              |
| STREET ADDRESS   |                     |                                 | STREET ADDRESS  |  |                              |
| CITY - ST - ZIP  |                     |                                 | CITY - ST - ZIP   |  |                              |
| TITLE  |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   |                     |                                 | NAME  |  |                              |
| STREET ADDRESS   |                     |                                 | STREET ADDRESS  |  |                              |
| CITY - ST - ZIP  |                     |                                 | CITY - ST - ZIP   |  |                              |
| TITLE  |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   |                     |                                 | NAME  |  |                              |
| STREET ADDRESS   |                     |                                 | STREET ADDRESS  |  |                              |
| CITY - ST - ZIP  |                     |                                 | CITY - ST - ZIP   |  |                              |
| TITLE  |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   |                     |                                 | NAME  |  |                              |
| STREET ADDRESS   |                     |                                 | STREET ADDRESS  |  |                              |
| CITY - ST - ZIP  |                     |                                 | CITY - ST - ZIP   |  |                              |



1st MOORE

CR2E034 (10/04)

4. FEI Number **65-0534838**

Applied For  
Not Applicable

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

**STRAUS, ARNOLD M  
2189 NW 59TH ST  
BOCA RATON FL 33496**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May E**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | DPS                 | <input type="checkbox"/> Delete |
| NAME            | STRAUS, ARNOLD M    |                                 |
| STREET ADDRESS  | 2189 NW 59TH ST     |                                 |
| CITY - ST - ZIP | BOCA RATON FL 33496 |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
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| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

|                 |                                 |                              |
|-----------------|---------------------------------|------------------------------|
| TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME            |                                 |                              |
| STREET ADDRESS  |                                 |                              |
| CITY - ST - ZIP |                                 |                              |
| TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME            |                                 |                              |
| STREET ADDRESS  |                                 |                              |
| CITY - ST - ZIP |                                 |                              |
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| NAME            |                                 |                              |
| STREET ADDRESS  |                                 |                              |
| CITY - ST - ZIP |                                 |                              |
| TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME            |                                 |                              |
| STREET ADDRESS  |                                 |                              |
| CITY - ST - ZIP |                                 |                              |

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04/18/05-80042-004 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Arnold M Straus Pres.* 4/15/2005 561-994-9258