

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90017 004 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P94000080115</b><br>1. Entity Name<br><b>L. FRANK CHOPIN, P.A.</b>   |  |  |  |                |  |
| Principal Place of Business<br><b>505 S FLAGLER DR<br/>STE 300<br/>WEST PALM BEACH, FL 33401 US</b>  |  |  | Mailing Address<br><b>505 S FLAGLER DR<br/>STE 300<br/>WEST PALM BEACH, FL 33401 US</b>  |   |  |
| 2. Principal Place of Business<br><b>One W. Clematis Street<br/>Suite 100<br/>West Palm Beach, FL 33401</b>  |  | 3. Mailing Address<br><b>P.O. Box 4297<br/>Suite, Apt. #, etc.<br/>West Palm Beach, FL 33402</b>   |  |   |  |
| City & State<br><b>West Palm Beach, FL</b>   |  | City & State<br><b>West Palm Beach, FL</b>   |  | 4. FEI Number<br><b>65-0532448</b>  |  |
| Zip<br><b>33401</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>CHOPIN, L. FRANK<br/>505 S FLAGLER DR<br/>STE 300<br/>WEST PALM BEACH, FL 33401</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>One W. Clematis Street<br/>Suite 100<br/>West Palm Beach, FL 33401</b> |   |  |
| 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<br/>Due by September 7, 2005</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CHOPIN, L. FRANK<br>505 S FLAGLER DR STE 300<br>WEST PALM BEACH, FL 33401 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | A<br>Chopin, L. Frank<br>One W. Clematis Street, Suite 100<br>West Palm Beach, FL 33401         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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 lines empowered. |  |  |  |   |  |
| SIGNATURE <b>L. Frank Chopin</b>   |  |  | Date <b>561-655-7500</b>   |   |  |

**50064806**



07052005 Chg-P CR2E034 (10/03)