2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPURI				_	Secretary or State			
DOCUMENT # P9400080115 1. Entity Name L. FRANK CHOPIN, P.A.				TO THE STATE OF TH	09-02-200:	5 90017 004 ***1	50.00	
Principal Place	e of Business	Mailing Address			-	0004000		
505 S FLAGL	ER DR			50064806				
STE 300 WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 US					. 1041) 1184 1841) 1844 1851)			
2. Principal Place of Business Ne N. Clamatis Street P.O. Box 429:			297					
Suite, Apt. #, etc. Suite, Apt. #, etc.			•	07052005	Chg-P	CR2E034 (10/03)		
City & State		City & State	· / -	4. FEI Numbi		Apı	plied For	
West 1	Polm Blach, Fl	West Palm		65-053	2448		Applicable	
<i>[™]33</i> 4	401 USA	33402	Country USA	5. Certificate	of Status Desired	□ \$8.75 Addi Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	egistered Agent		
CHOPIN L. FRANK								
505 S FLAGLER DR					er is Not Acceptable			
STE 300: WEST PALM BEACH, FL 33401				/00	4/13 4/1	101		
***************************************			City	700		FL Zip Code		
R The above	named entity submits this statement fo	r the purpose of changing its r	egistered office or regis	stered agent or bo	th in the State of Flo	<u> </u>	40)	
	ions of registered agent.	the purpose of changing its i	egialered office of regis	stered agent, or bo	in, withe state of the	nda. Fun lanina witt,	and accept	
SIGNATURE								
- GIGITATIONE 2	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution.				55.00 May Be Added to Fees	In accordance w corporation did i	vith s. 607.193(2)(b), l not receive the prior n	F.S., the otice.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTORS	SIN 11	
TITLE	D	☐ Delete	TITLE	1	٠. م	Change	Addition	
NAME STREET ADDRESS	CHOPIN, L. FRANK 505 S FLAGLER DR STE 300		NAME STREET ADDRESS	الم يواود	Frank S	treat, suit	100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	est A	m 200	ch EL	22 Yas	
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME			, in the second second		
STREET ADDRESS	• • •		STREET ADDRESS CITY-ST-ZIP					
CHY-SI-ZIP	pertify that the information supplied with	this filing does not qualify for		Section 119 07/2	(i) Florida Statutes	further certify that the in	oformation.	
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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 of the corporation or the receiver of the corporation or the receiver of the corporation of of the corpo

SIGNATURE/

LINE AND TYPED ON PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

561-655-7500

Dale Daytime Phone #