2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000089 1. Entity Name HELEN MASEK, P.A.			
Principal Place of Business 1380 SW 20TH ST BOCA RATON, FL 33486	Mailing Address 1380 SW 20TH ST BOCA RATON, FL 33486	_	I (MENUMAL) (IN TRUIT WINES MANY MAIN MAIN MAIN (MOVE THIS CORNE AND A PARTY AND AND AND A PARTY A
Water Street Company of the Company	Samuel		
DO NOT WRITE IN THIS SPACE		01052005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For	
			NOT APPLICABLE Not Applicable S Certificate of Status Paging. \$8.75 Additional
So thinkeds of Cause Session			
MASEK, HELEN 1380 SW 20TH ST BOCA RATON, FL 33486		DO NOT WOITE	
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			IN THIS SPACE
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 Signature, typed or printed name of registered agent and tills 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND D	RECTORS		THE CONTRACTOR OF THE CONTRACT
NAME MASEK, HELEN			
STREET ADDRESS 1380 SW 20TH ST CITY-ST-ZIP BOCA RATON, FL 33486	-	are reconstruction of any section of the	St. Dr. Commercial and Colored Str.
TITLE NAME STREET ADDRESS			U00000733347 02/17/05-80040-009 150.00
CITY-ST-ZIP		may eng	
TITLE NAME			
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
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NAME STREET ADDRESS			
CITY-ST-ZIP		<u></u>	
TITLE NAME STREET ADDRESS			
CITY-ST-ZIP			
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 offer like empowered.			
SIGNATURE: SIGNATURE AND TYPED ON PRINTED JAME OF SIGNANG OFFICER ON DIPRETOR 2/15/05 561-271-4794			