

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90408 016 ***150.00

DOCUMENT # P95000005941

1. Entity Name
KAREN BERZOK, C.P.A., P.A.



Principal Place of Business
7667 W. SAMPLE RD., #304
CORAL SPRINGS, FL 33065 US

Mailing Address
7667 W. SAMPLE RD., #304
~~STE 405~~
CORAL SPRINGS, FL 33065 US

50008499



2. Principal Place of Business
2141 N University Dr. ~~#304~~
Suite, Apt. #, etc.
#389

3. Mailing Address
2141 N University Dr
Suite, Apt. #, etc.
#389

03282006 Chg-P CR2E034 (11/05)

City & State
Coral Springs, FL
Zip 33071 Country USA

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Coral Springs, FL
Zip 33071 Country USA

4. FEI Number
65-0563998
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERZOK, KAREN
7667 W. SAMPLE RD., #304
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name Karen Berzok
Street Address (P.O. Box Number is Not Acceptable)
2141 N University Dr # 389
City Coral Springs FL Zip Code 33071

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 *Karen Berzok*

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME BERZOK, KAREN
STREET ADDRESS 7667 W. SAMPLE RD., #304
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
NAME Berzok, Karen
STREET ADDRESS 2141 N University Dr # 389
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: *Karen Berzok, Pres* Karen Berzok 3/28/06 954-971-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #