

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90107 004 ***150.00

DOCUMENT # P95000094697					
1. Entity Name SUSAN L. ALSPECTOR, P.A.					
Principal Place of Business 20801 BISCAYNE BLVD SUITE 506 AVENTURA, FL 33180			Mailing Address 20801 BISCAYNE BLVD SUITE 506 AVENTURA, FL 33180		
2. Principal Place of Business 1792 BELL TOWER LANE Suite, Apt. #, etc.		3. Mailing Address 1792 BELL TOWER LANE Suite, Apt. #, etc.		50028847 	
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 65-0633919	
Zip 33326		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALSPECTOR, SUSAN L. 20801 BISCAYNE BLVD SUITE 506 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name: ALSPECTOR, SUSAN L. Street Address (P.O. Box Number is Not Acceptable): 1792 BELL TOWER LANE City: WESTON, FL Zip Code: 33326		
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: DATE: 3/11/05 <small>(NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: ALSPECTOR, SUSAN L. STREET ADDRESS: 20801 BISCAYNE BLVD SUITE 506 CITY-ST-ZIP: AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE: D NAME: ALSPECTOR, SUSAN L. STREET ADDRESS: 1792 BELL TOWER LANE CITY-ST-ZIP: WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 or without other like empowered.					
SIGNATURE:			, president		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/11/05 Daytime Phone #: (954) 384.8993		