

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000004697

1. Entity Name
CHERI ASHER, P.A.



Principal Place of Business

3300 [PALM AIRE DR N
#509
POMPANO BEACH, FL 33069

Mailing Address

3300 [PALM AIRE DR N
#509
POMPANO BEACH, FL 33069



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0636334

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ASHER, CHERYL F
3300 PALM AIRE DR N
#509
POMPANO BEACH, FL 33069

DO NOT WRITE
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 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
NAME	ASHER, CHERYL F
STREET ADDRESS	3300 PALM AIRE DR. N #509
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/06-80057-024 150.00

DO NOT WRITE
IN THIS SPACE

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:

Cheryl F. Asher CHERYL F. ASHER

4/14/06

954-292-4350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #