## **2006 FOR PROFIT CORPORATION**

## FILED Jan 09, 2006 08:00 AN ANNUAL REPORT **Secretary of State** DOCUMENT # P96000059870 1. Entity Name DEBORAH A. ROTH, P.A. Principal Place of Business Mailing Address 7301-A W PALMETTO PARK RD. SUITE 305-C 7301-A W PALMETTO PARK RD. SUITE 305-C BOCA RATON, FL 33433 BOCA RATON, FL 33433 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0691044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROTH, DEBORAH A DO NOT WRITE 7301-A W PALMETTO PARK RD SUITE 305-C IN THIS SPACE BOCA RATON, FL 33433 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when relinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE NAME ROTH, DEBORAH A *U*00000379063 STREET ADDRESS 7301-A W PALMETTO PARK RD, SUITE 305-C 01/10/06-80006-022 150.00 BOCA RATON, FL 33433 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 facultied 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #