

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000085138

1. Entity Name  
MAYER ABBO ARCHITECT AND ASSOCIATES, INC.



Principal Place of Business  
766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483 US

Mailing Address  
766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483

**FILED**  
Apr 22, 2005 08:00 AM  
Secretary of State

**DO NOT WRITE IN THIS SPACE**

03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0722541	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABBO, MAYER S  
766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE CPD  
NAME ABBO, MAYER S  
STREET ADDRESS 766 SE 5TH AVENUE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

1000000322412  
04/22/05-80014-012 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-05 561-272-0903

Date

Daytime Phone #