


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000097734 1. Entity Name STEFAN S. ASSAM D.D.S. P.A.	
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Principal Place of Business 6905 WEST BROWARD BLVD. SUITE 101 PLANTATION, FL 33317	Mailing Address 6905 WEST BROWARD BLVD. SUITE 101 PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0587480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASSAM, STEFAN S D.D.S.
6905 W BROWARD BLVD
SUITE 101
PLANTATION, FL 33317**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSAM, STEFAN S 6905 W BROWARD BLVD SUITE 101 PLANTATION, FL 33317
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01/31/05-80042-004 150.00

**DO NOT WRITE
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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)(f), 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: SH S. **1/27/05** **954-641-0414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #