

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000009439

1. Entity Name
MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A.



Principal Place of Business
**3230 STIRLING ROAD
STE 1
HOLLYWOOD, FL 33021**

Mailing Address
**3230 STIRLING ROAD
STE 1
HOLLYWOOD, FL 33021**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0721778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILGRIM, LAURIE E
MORRIS ENGELBERG & LAURIE E MILGRIM, P.A.
3230 STERLING RD STE 1
HOLLYWOOD, FL 33021**

**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**

**000000247336
03/01/05-80018-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VPAS
NAME	ENGELBERG, MORRIS
STREET ADDRESS	3230 STIRLING ROAD
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	DPST
NAME	MILGRIM, LAURIE E
STREET ADDRESS	3230 STIRLING ROAD
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: _____

**MORRIS ENGELBERG 02/22/05 954-966-3900
V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #