


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90026 010 \*\*\*270.90

<b>DOCUMENT # P97000042913</b> 1. Entity Name <b>MITCHELL R. PAVLIK, P.A.</b>			
Principal Place of Business <del>4850 N.W. 74TH PLACE</del> <del>COCONUT CREEK, FL 33075</del>		Mailing Address <del>4850 N.W. 74TH PLACE</del> <del>COCONUT CREEK, FL 33075</del>	
2. Principal Place of Business <b>1400 HERMOSA ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>1400 HERMOSA ROAD</b> Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33486</b>		Zip <b>33486</b>	
Country <b>PALM BEACH</b>		Country <b>PALM BEACH</b>	
4. FEI Number <b>65-0754561</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PAVLIK, MITCHELL R</b> <del>6044 NW 66TH WAY</del> <del>PARKLAND, FL 33067-1308</del>		7. Name and Address of New Registered Agent Name <b>PAVLIK, MITCHELL R</b> Street Address (P.O. Box Number is Not Acceptable) <b>1400 HERMOSA ROAD</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33486</b>	
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 <u><i>[Signature]</i></u> PRESIDENT DATE <b>1-5-2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PAVLIK, MITCHELL R 6044 NW 66TH WAY PARKLAND, FL 330671308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PAVLIK, MITCHELL R 1400 HERMOSA ROAD BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 a one-time empowerment.			
SIGNATURE: <u><i>[Signature]</i></u> PRESIDENT		Date <b>1-5-2005</b> Daytime Phone # <b>561 860-9456</b>	