2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

DOCUMENT # P97000075935 1. Entity Name K.M. KAUFMAN, P.A.				Secretary of State
9900 W SAN Suite 300	ngs, FL 33065	Mailing Address 4677 SAINT SIMON DRIVE COCONUT CREEK, FL 33073		
C	OO NOT WRITE		CE	01122005 No Chg-P CR2E034 (10/03) . 4. FEI Number
6. Name and Address of Current Registered Agent KAUFMAN, BARRY M 7737 N, UNIVERSITY DRIVE SUITE 101 TAMARAC, FL 33321				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 NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 P. Election Campaign Financing Added to Fees				
10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D KAUFMAN, KENNETH 4677 SAINT SIMON DRIVE COCONUT CREEK, FL 33073			U00000181907 01/19/05-80007-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE
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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)(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.				

KENNETH M. KAUFFMAN