## 2005 FOR PROFIT CORPORATION

## ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State 05-02-2005 90567 030 \*\*\*150.00 DOCUMENT # P98000004251 ALLAN DOMBROW, P.A. 40075721 Principal Place of Business Mailing Address 5434 W SAMPLE RD 3601 WEST COMMERCIAL BLVD. **STE 39** #239 FORT LAUDERDALE, FL 33309 MARGATE, FL 33073 2. Principal Place of Business 3. Mailing Address 4613 North University Drive 4613 North University Drive Suite, Apt. #, etc. # 237 Suite, Apt. #, etc. 04292005 Cha-P CR2E034 (10/03) # 237 City & State City & State 4. FEI Number Applied For Coral Springs, FL Coral Springs, FL 59-3488691 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US 33067 33067 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOMBROW, ALLAN Street Address (P.O. Box Number is Not Acceptable) 4613 North University Drive # 237 3601 WEST COMMERCIAL BLVD **STE 39** FORT LAUDERDALE, FL. 33309 **Coral Springs** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST Delete TITLE Change ☐ Addition DOMBROW, ALLAN NAME NAME STREET ADDRESS 5434 W. SAMPLE RD. #239 STREET ADDRESS 4613 North University Drive # 237 CITY-ST-ZIP MARGATE, FL 33073 CITY-ST-ZIP Coral Springs, FL 33067 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 if the terminance of the termina

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ALLAN B DOMBROW, 4/29/05 PED OR PRINTED NAME OF SIGNING OFFICER OR DI

Change

☐ Addition

**FILED**