


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90428 047 \*\*\*150.00

**DOCUMENT # P98000004251**

1. Entity Name  
**ALLAN DOMBROW, P.A.**



40080290



Principal Place of Business  
 4613 N. UNIVERSITY DR.  
 #237  
 POMPANO BEACH, FL 33067

Mailing Address  
 4613 N. UNIVERSITY DR.  
 #237  
 POMPANO BEACH, FL 33067

2. Principal Place of Business  
 4613 N. University Drive  
 Suite, Apt. #, etc.  
 #237

3. Mailing Address  
 4613 N. University Drive  
 Suite, Apt. #, etc.  
 #237

City & State  
 Coral Springs, FL

City & State  
 Coral Springs, FL

Zip  
 33067

Country  
 USA

Zip  
 33067

Country  
 USA

04222006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3488691

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

DOMBROW, ALLAN  
 4613 N. UNIVERSITY DR. #237  
 POMPANO BEACH, FL 33067

7. Name and Address of New Registered Agent

Name  
 Allan B. Dombrow

Street Address (P.O. Box Number is Not Acceptable)  
 4613 N. University Drive #237

City  
 Coral Springs FL Zip Code  
 33067

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DOMBROW, ALLAN 4613 N. UNIVERSITY DR. #237 POMPANO BEACH, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T Allan B. Dombrow 4613 N. University Drive #237 Coral Springs, FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Allan B. Dombrow Date: 4/24/06 Daytime Phone #: 954-777-0252