

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90559 006 ***150.00

20036045



01142005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0841836 Applied For Not Applicable

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

DOCUMENT # P98000051955

1. Entity Name
LAW OFFICES OF MARK D. KAUFMAN & ASSOCIATES,
P.A.



Principal Place of Business
100 E SAMPLE RD
SUITE 320
POMPANO BEACH, FL 33064

Mailing Address
100 E SAMPLE RD
SUITE 320
POMPANO BEACH, FL 33064

2. Principal Place of Business
351 S. Cypress Road
Suite, Apt. #, etc. Suite 310
City & State POMPANO BEACH, FL
Zip 33060 - Country USA

3. Mailing Address
351 S. Cypress Road
Suite, Apt. #, etc. Suite 310
City & State POMPANO BEACH, FL
Zip 33060 - Country USA

6. Name and Address of Current Registered Agent
KAUFMAN, MARK D
100 E SAMPLE RD
SUITE 320
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent
Name MARK D. KAUFMAN
Street Address (P.O. Box Number is Not Acceptable) 351 S. Cypress Road
Suite 310
City POMPANO BEACH FL Zip Code 33060

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 4/12/05
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, MARK D ESQ. 100 E SAMPLE RD STE-320 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, MARK D. 351 S. Cypress Road, Suite 310 POMPANO BEACH, FL 33060 <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
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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.

SIGNATURE: DATE 4/12/05 954-788-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR