


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 8:00 am
Secretary of State


02-16-2006 90063 041 ***150.00

DOCUMENT # P98000064181 1. Entity Name DAVIE PROFESSIONAL BUILDING, INC.	
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Principal Place of Business 4175 S.W. 64 AVE. DAVIE, FL 33314	Mailing Address 4179 DAVIE ROAD STE 200 DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE

40013100



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0855211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANTINI, TERRY
4179 DAVIE ROAD #200
DAVIE, FL 33314

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

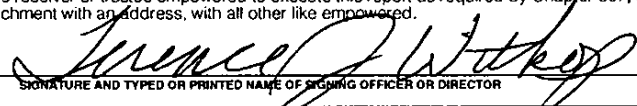
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTINI, TERRY 4179 DAVIE RD STE 200 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALERMO, JACQUELINE 10490 PARIS ST COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLUTH, NORMAN 4175 DAVIE RD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLUTH, BARRY 4175 DAVIE RD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WITKOP, TERRY 4175 DAVIE RD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  2/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #