

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 036 ***150.00

DOCUMENT # P98000065414

1. Entity Name

DOGAN M. BENGISU, P.A.



Principal Place of Business

333 W. CAMINO GARDENS BLVD.,
SUITE 204C
BOCA RATON FL 33432

Mailing Address

333 W. CAMINO GARDENS BLVD.,
SUITE 204C
BOCA RATON FL 33432



2. Principal Place of Business - No P.O. Box #

401 W. Atlantic Ave.

Suite, Apt. #, etc.

O-11

3. Mailing Address

401 W. Atlantic Ave.

Suite, Apt. #, etc.

O-11

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33444

Country

U.S.A.

Zip

33444

Country

U.S.A.

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0853572

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENGISU, DOGAN M ESQ.
1118 N. LAKESIDE DRIVE
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

DOGAN M. BENGISU, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

401 W. Atlantic Ave.

Suite O-11

City

Delray Beach

FL

Zip Code

33444

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

Dogan M. Bengisu

4-16-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PDS			
	BENGISU, DOGAN M ESQ.	333 W. CAMINO GARDENS BLVD., SUITE 204C	BOCA RATON FL 33432	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dogan M. Bengisu, President

4-16-07

561-330-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #