

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094105

Entity Name: DOREEN INKELES, P.A.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

1750 UNIVERSTIY DR
SUITE 209
CORAL SPRINGS, FL 33071

New Principal Place of Business:

2801 NORTH UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33065

Current Mailing Address:

1750 UNIVERSTIY DR
SUITE 209
CORAL SPRINGS, FL 33071

New Mailing Address:

2801 NORTH UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33065

FEI Number: 65-0878851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INKELES, DOREEN
1750 UNIVERSTIY DR
SUITE 209
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INKELES, DOREEN
Address: 12733 NW 16 CT
City-St-Zip: CORAL SPGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN INKELES

P

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date