

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90003 013 ***150.00

DOCUMENT # P98000094105			
1. Entity Name DOREEN INKELES, P.A.			
Principal Place of Business 2801 NORTH UNIVERSITY DRIVE SUITE 203 CORAL SPRINGS, FL 33065		Mailing Address 2801 NORTH UNIVERSITY DRIVE SUITE 203 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 3200 N. University Dr. Ste 208 Suite, Apt. #, etc. 208		3. Mailing Address 3200 N. University Dr. Ste 208 Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State	
Zip 33065	Country USA	Zip	Country
4. FEI Number 65-0878851		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 INKELES, DOREEN 1750 UNIVERSITY DR SUITE 209 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name: Doreen Inkeles Street Address (P.O. Box Number is Not Acceptable): 3200 N. University Dr. Ste 208 City: Coral Springs FL Zip Code: 33065	
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: <i>Doreen Inkeles</i> DATE: 6-1-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>			
<p>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
<p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INKELES, DOREEN 12733 NW 15 CT CORAL SPRG, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Doreen Inkeles 3200 N. University Dr. Ste 208 Coral Springs FL 33065
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
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
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
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
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
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 empowerments.			
SIGNATURE: <i>Doreen Inkeles</i>		DATE: 6-1-06 DAYTIME PHONE #: 954-757-1080	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

* I DID NOT receive the renewal application -