

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90211 026 ***150.00

DOCUMENT # P98000108411

1. Entity Name
ROBERT A. PASCAL, P.A.



Principal Place of Business
300 S.W. 7TH AVENUE
FORT LAUDERDALE, FL 33138

Mailing Address
300 S.W. 7TH AVENUE
FORT LAUDERDALE, FL 33138

50013975



2. Principal Place of Business
300 Ave of the Arts
Suite, Apt. #, etc.

3. Mailing Address
300 Ave of the Arts
Suite, Apt. #, etc.

04182006 Chg-P CR2E034 (11/05)

City & State
Fort Lauderdale, FL
Zip 33312 Country

4. FEI Number
26-6250314 65-0906673
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PASCAL, ROBERT
300 S.W. 7TH AVENUE
FORT LAUDERDALE, FL 33138

7. Name and Address of New Registered Agent
Name (same) Robert Pascal
Street Address (P.O. Box Number is Not Acceptable)
300 Ave of the Arts
City FORT LAUD FL Zip Code 33312

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 4-19-06

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, 2006 Fee will be \$550.00

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
D	PASCAL, ROBERT A	300 S.W. 7TH AVENUE - 300 Ave of the Arts	FORT LAUDERDALE, FL 33138-33312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-06 954-522-4090