

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-20-2006 90038 038 ***150.00

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1. Entity Name

FROMBERG, PERLOW & KORNIK, P.A.

Principal Place of Business

18901 NE 29TH AVENUE

SUITE 100

AVENTURA, FL 33180 US

Mailing Address

18901 NE 29TH AVENUE

SUITE 100

AVENTURA, FL 33180 US

DO NOT WRITE IN THIS SPACE



02152006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0892539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.

18901 NE 29TH AVENUE

SUITE 100

AVENTURA, FL 33180

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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

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 D
NAME FROMBERG, LYNN W
STREET ADDRESS 18901 NE 29TH AVENUE, SUITE 100
CITY-ST-ZIP AVENTURA, FL 33180

TITLE DVP
NAME FROMBERG, MALCOLM H
STREET ADDRESS 18901 NE 29TH AVENUE, SUITE 100
CITY-ST-ZIP AVENTURA, FL 33180

TITLE DVP
NAME PERLOW, JEFFREY M
STREET ADDRESS 18901 NE 29TH AVENUE, SUITE 100
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/06

305 933-2000