2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000015327

Principal Place of Business

JAMÉS & BIELEJESKI, P.A.



Mailing Address

4367 NORTH FEDERAL HIGHWAY STE. 101 FT. LAUDERDALE, FL 33308

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FILED Jan 06, 2006 08:00 AM **Secretary of State**



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No Chg-P CR2E034 (11/05) 01042006

Applied For 65-0900428 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BIELEJESKI, JOHN JR. 4367 NORTH FEDERAL HIGHWAY STE. 101 FT. LAUDERDALE, FL 33308

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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		Election Campaign Trust Fund Contribu			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST ZIP	PS BIELEJESKI, JOHN JR. 4367 NORTH FEDERAL HIGHWAY S' FT. LAUDERDALE, FL 33308	ΓE. 101				
TITLE NAME STREET ANDRESS CITY-ST-ZIP						U00000378768 01/09/06-80021-009 150.00
TITLE NAME STREET ADDRESS CITY - ST- ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		_				
TITLE NAME STREET ADDRESS CITY+ST-ZIP						

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.

TITLE NAME STREET ADDRESS CITY - ST - ZIP