


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000023602	
1. Entity Name HENRY PODOLSKY & ASSOC INC.	

Principal Place of Business 10133 NW 24TH PLACE #101 SUNRISE, FL 33446	Mailing Address 1041 N.W. 125TH AVENUE SUNRISE, FL 33322
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01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0902310	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TACHER, DAVID 1041 N.W. 125TH AVENUE SUNRISE, FL 33323
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	VP PODOLSKY, HENRY 10133 NW 24TH PLACE #101 SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PODOLSKY, DOROTHY 10133 NW 24TH PLACE #101 SUNRISE, FL 33322
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Henry Podolsky **HENRY PODOLSKY** Date 1/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #