

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025123

Entity Name: DOLORES CAPLAN, P.A.

FILED
Apr 03, 2005
Secretary of State

Current Principal Place of Business:

7712 DUNDEE LANE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

7712 DUNDEE LANE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 65-0908930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, DOLORES
7712 DUNDEE LANE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPLAN, DOLORES
Address: 7712 DUNDEE LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: VD () Delete
Name: CAPLAN, IRVING B
Address: 7712 DUNDEE LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: ST () Delete
Name: CASEN, JOANNE
Address: 21906 LAKE FOREST CIR #104
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES CAPLAN

PD

04/03/2005

Electronic Signature of Signing Officer or Director

Date