

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90989 048 \*\*\*150.00

<b>DOCUMENT # P99000063763</b> 1. Entity Name <b>LEE KRAUT, P.A.</b>			
Principal Place of Business <b>2 SOUTH UNIVERSITY DR SUITE 110 PLANTATION, FL 33324 US</b>		Mailing Address <b>2 SOUTH UNIVERSITY DR SUITE 110 PLANTATION, FL 33324 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 551654</b> Suite, Apt. #, etc.	
City & State		City & State <b>FT. LAUDERDALE, FLA</b>	
Zip <b>33355</b>	Country <b>USA</b>	4. FEI Number <b>65-0937335</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KRAUT, LEE 12760 NW 15TH ST. CORAL SPRINGS, FL 33076</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Lee Kraut</i></u> <b>PRES</b> <span style="float: right;"><b>4/28/05</b></span> <small>Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD KRAUT, LEE 2 SOUTH UNIVERSITY DRIVE FORT LAUDERDALE, FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Lee Kraut</i></u> <b>PRES</b> <span style="float: right;"><b>4/28/05</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	