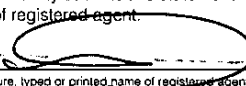
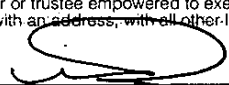


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90059 035 ***150.00

DOCUMENT # P99000110995 1. Entity Name SHAVITZ LAW GROUP, P.A.					
Principal Place of Business 2000 GLADES ROAD SUITE 200 BOCA RATON, FL 33431			Mailing Address 2000 GLADES ROAD SUITE 200 BOCA RATON, FL 33431		
2. Principal Place of Business 7800 CONGRESS AVENUE		3. Mailing Address 7800 CONGRESS AVENUE			
Suite, Apt. #, etc. 108		Suite, Apt. #, etc. 108			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33487	Country	Zip 33487	Country	4. FEI Number 65-0969405	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHAVITZ, GREGG I 2000 GLADES RD STE 200 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7800 CONGRESS AVENUE #108 City BOCA RATON FL Zip Code 33487		
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  DATE 2/5/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAVITZ, GREGG I 2000 GLADES RD STE 200 BOCA RATON, FL 33431 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7800 CONGRESS AVENUE #108 BOCA RATON, FL 33487 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Date 2/5/05 Daytime Phone # 561-447-8888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50013481



02042005 Chg-P CR2E034 (10/03)