2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90059 035 ***150.00

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1. Entity Name
SHAVITZ LAW GROUP, P.A.

50013481

Principal Place of Business	Mailing Address
2000 GLADES ROAD SUITE 200 BOCA RATON, FL 33431	2000 GLADES ROAD SUITE 200 BOCA RATON, FL 33431

02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7800 CONGRESS AVENUE	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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAVITZ, GREGG I 2000 GLADES RD STE 200 BOCA RATON, FL 33431	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	☑ Change ☐ Addition 7800 CONGRESS AVENUE #108 BOCA RATON, FL 33487
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: ________ 2/5/05 561-447-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #