


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90275 009 \*\*\*150.00

<b>DOCUMENT # S10574</b>	
1. Entity Name <b>DUBROW DUKER &amp; ASSOCIATES, P.A.</b>	

Principal Place of Business <del>2832 UNIVERSITY DR</del> <del>CORAL SPRINGS, FL 33065-1425</del>	Mailing Address <del>2832 UNIVERSITY DR</del> <del>CORAL SPRINGS, FL 33065-1425</del>
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2. Principal Place of Business <b>5401 N. UNIVERSITY DR</b> Suite, Apt. #, etc. <b>SUITE 204</b> City & State <b>Coral Springs FL</b> Zip <b>33067</b> Country	3. Mailing Address <b>5401 N. UNIVERSITY DR</b> Suite, Apt. #, etc. <b>SUITE 204</b> City & State <b>Coral Springs FL</b> Zip <b>33067</b> Country
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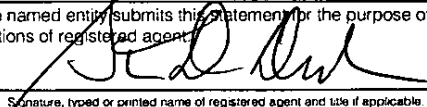
04222005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0223969</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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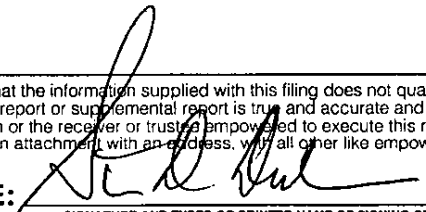
6. Name and Address of Current Registered Agent <b>DUBROW, B. ALAN</b> <del>2832 UNIVERSITY DRIVE</del> <del>CORAL SPRINGS, FL 33067</del>	
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7. Name and Address of New Registered Agent Name <b>STEVEN D. DUKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>5401 N. UNIVERSITY DR STE 204</b> City <b>Coral Springs</b> FL <b>33067</b>	
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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 <b>4/24/05</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUBROW, B. ALAN</b> <del>2832 UNIVERSITY DRIVE</del> <del>CORAL SPRINGS, FL</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>STEVEN D. DUKER</b> <b>5401 N. UNIVERSITY DR, STE 204</b> <b>CORAL SPRINGS FL 33067</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUKER, STEVEN D.</b> <del>2832 UNIVERSITY</del> <del>CORAL SPRINGS, FL</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>STEVEN D. DUKER</b> <b>5401 N UNIVERSITY DR, STE 204</b> <b>CORAL SPRINGS FL 33067</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Director <b>4/24/05</b> (954) 3450323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	