2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S21536

1. Entity Name
ERNEST A. KOLLRA, P.A.

Principal Place of Business	Mailing Address
1995 E OAKLAND PK BLVD #300 FT. LAUDERDALE, FL 33306 US	1995 E OAKLAND PK BLVD #300 FT. LAUDERDALE, FL 33306 US

DO NOT WRITE IN THIS SPACE

01072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3046097	Not Applicable

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

6. Name and Address of Current Registered Agent

KOLLRA, ERNEST
1995 E OAKLAND PK BLVD
#300
FT. LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

TITLE	PVST
NAME	KOLLRA, ERNEST A.
STREET ADDRESS	1995 E OAKLAND PK BLVD #300
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306

TITLE	
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CITY-ST-ZIP	

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01/12/05-80036-003 150.00

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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: X _Ernest Kollra_ ERNEST KOLLRA P.A.   X 1/10/05   954-565-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #