

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-25-2005 90231 050 \*\*\*150.00

**DOCUMENT # S44591**

1. Entity Name

JOHN B. DI CHIARA, P.A.



Principal Place of Business

Mailing Address

~~507 SOUTHEAST 11TH COURT~~  
~~FT. LAUDERDALE FL 33316~~  
US

NEW  
ADDRESS

~~507 SOUTHEAST 11TH COURT~~  
~~FT. LAUDERDALE FL 33316~~  
US

✓



2. Principal Place of Business

980 N. FEDERAL HWY.  
SUITE 440

3. Mailing Address

980 N. FEDERAL HWY.  
SUITE 440

1st MOORE

CR2E034 (10/04)

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0252665

Applied For

Not Applicable

Zip

33432

Country

US

Zip

33432

Country

US

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

DI CHIARA, JOHN B.  
507 SOUTHEAST 11TH CT  
FT LAUDERDALE FL 33316

NEW ADDRESS  
(SAME REGISTERED AGENT)

Name

Street Address (P.O. Box Number is Not Acceptable)

980 N. FEDERAL HWY., STE. 440  
BOCA RATON FL 33432

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)

4/18/05  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 D ☐ Delete  
NAME DI CHIARA, JOHN B.  
STREET ADDRESS ~~507 SOUTHEAST 11TH CT~~  
CITY-ST-ZIP ~~FT LAUDERDALE FL~~

(NEW ADDRESS) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 980 N. FEDERAL HWY., STE. 440  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

JOHN B. DI CHIARA 4/18/05 (561) 826-0899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #