2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005
Secretary of State

DOCUMENT# V03096

Entity Name: MONICA I. SALIS, P.A.

Current Principal Place of Business:

1600 SOUTH FEDERAL HWY
STE 590
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

1600 SOUTH FEDERAL HWY
STE 590
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 65-0304066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALIS, MONICA I ESQ
1600 SOUTH FEDERAL HWY
SUITE 590
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SALIS, MONICA I.,
Address: 1600 SOUTH FEDERAL HWY STE 590
City-St-Zip: POMPANO BEACH, FL 33062

Title: ST ( ) Delete
Name: SALIS, MONICA I.,
Address: 1600 SOUTH FEDERAL HWY STE 590
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP ( ) Delete
Name: GANIN, CAROLINE
Address: 1600 SO. FEDERAL HWY, STE. 590
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SALIS, MONICA I
Address: 1600 SOUTH FEDERAL HWY STE 590
City-St-Zip: POMPANO BEACH, FL 33062

Title: ST (X) Change ( ) Addition
Name: SALIS, MONICA I
Address: 1600 SOUTH FEDERAL HWY STE 590
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP (X) Change ( ) Addition
Name: SALIS, MONICA I
Address: 1600 SO. FEDERAL HWY, STE. 590
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA I. SALIS PD 07/28/2005

Electronic Signature of Signing Officer or Director Date