

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90235 007 ***150.00

DOCUMENT # V17448 1. Entity Name LAW OFFICES OF ANTHONY B. BORRAS, P.A.					
Principal Place of Business 500 SE 6TH ST. SUITE 101 FORT LAUDERDALE, FL 33301 US			Mailing Address 500 SE 6TH ST. SUITE 101 FORT LAUDERDALE, FL 33301 US		
2. Principal Place of Business 101 SE 10TH STREET		3. Mailing Address 101 SE 10TH STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FORT LAUDERDALE FL.		City & State FORT LAUDERDALE FL.		4. FEI Number 65-0315248	
Zip 33314		Country BROWARD		Applied For <input type="checkbox"/> Not Applicable	
Zip 33314		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORRAS, ANTHONY B 500 SE 6TH ST SUITE 101 FT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name ANTHONY B. BORRAS Street Address (P.O. Box Number is Not Acceptable) 101 SE 10TH STREET City FORT LAUDERDALE FL Zip Code 33314	
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 <u><i>Anthony B. Borras</i></u> DATE 3/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BORRAS, ANTHONY B 500 SE 6TH ST., SUITE 101 FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANTHONY B. BORRAS 101 SE 10TH STREET FORT LAUDERDALE FL. 33314 <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 exemptions contained in Chapter 119, 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: <u><i>Anthony B. Borras</i></u> ANTHONY B. BORRAS 3/13/06 954730 8989 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					