2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # V29151

1. Entity Name
PARDO, FORSTOT, BACA & ALBOUKREK, P.A.

Principal Place of Business	Mailing Address
1050 NW 15TH ST 212 A BOCA RATON, FL 33486	1050 NW 15TH ST 212 A BOCA RATON, FL 33486

01052006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0336999

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TARQUINIO, ANNETTE
11053 NORTHWEST 46TH DRIVE
CORAL SPRINGS, FL 33076

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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 Annette Tarquinio Annette Tarquinio 2/1/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BACA, SHAWN
STREET ADDRESS	6841 S GRANDE DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	PARDO, IRA
STREET ADDRESS	17360 DUNEDEN CT
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	FORSTOT, JOSEPH
STREET ADDRESS	711 PARKSIDE CIR N
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	ALBOUKREK, DAVID
STREET ADDRESS	18590 SERENA POINTE LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: David Albouktek 2/1/06 561 368-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #