


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V29189</b> 1. Entity Name ILENE GLASSER, P.A.	
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Principal Place of Business PO BOX 551561 FT LAUDERDALE, FL 33355 US	Mailing Address PO BOX 551561 FT LAUDERDALE, FL 33355 US
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**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0332065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GLASSER, LLOYD S.  
8751 W BROWARD BLVD.  
S-105  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (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

1100000382580  
01/12/06-80018-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, ILENE 645 SANDCREEK CIR. WESTON, FL
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IN THIS SPACE**

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: Ilene Glasser Ilene Glasser - 1/9/06 (954) 349-3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #