
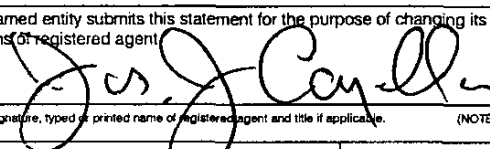
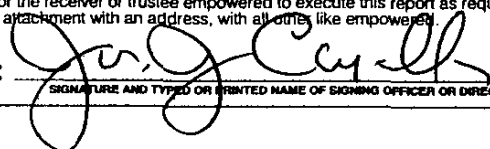


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90085 003 \*\*\*\*61.25

DOCUMENT # 726122			
1. Entity Name MEADOWBROOK I-J-K-L CORPORATION, INC.			
Principal Place of Business 301 NE 14TH AVE 301 HALLANDALE, FL 33009 US		Mailing Address 301 NE 14TH AVE 301 HALLANDALE, FL 33009 US	
2. Principal Place of Business 320 N.E. 12 <sup>th</sup> AVENUE		3. Mailing Address 320 NE 12 <sup>th</sup> AVENUE	
Suite, Apt. #, etc. 208		Suite, Apt. #, etc. 208	
City & State Hallandale Beach, FL		City & State Hallandale Beach, FL	
Zip 33009		Zip 33009	
Country USA		Country USA	
4. FEI Number 59-1446098		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYAN, RICAHRD 301 NE 14TH AVE #301 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name: JOSEPH CARELLA Street Address (P.O. Box Numbers Not Acceptable): 320 N.E. 12 <sup>th</sup> AVENUE # 208 City: Hallandale Beach FL Zip Code: 33009	
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: 		DATE: 4/27/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORNELL, MILTON 301 NE 14TH AVE #103 HALLANDALE BEACH, FL 33009 <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	D NAFTELL, JEFF 301 NE 14TH AVE # HALLANDALE BEACH, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER JUST 300 N.E. 12 <sup>th</sup> AVE # 701 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARELLA, JOSEPH 320 NE 12TH AVE A-208 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAFF, FRANK 301 NE 14TH AVE #303 HALLANDALE BEACH, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHEN JALSFIELD 319 N.E. 14 <sup>th</sup> AVENUE # 601 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARAZULLO, THERESA 300 NE 12TH AVENUE, #108 HALLANDALE BEACH, FL 33009 <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	PD RYAN, RICHARD 301 NE 14TH AVE #301 HALLANDALE BEACH, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARIO RACISE 301 N.E. 14 <sup>th</sup> AVE # 302 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 617, 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 empowerments.			
SIGNATURE: 		TREASURER 4/27/05 954-464-7577	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	