

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90117 003 *2,698.75
03-29-2005 90117 004 ***476.25

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01062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2219608
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRICK, NORTON			NAME			
STREET ADDRESS	2295 CORPORATE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRICK HOWARD			NAME			
STREET ADDRESS	2 RIDGEDALE AVE STE 370			STREET ADDRESS			
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927			CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRICK, MICHAEL			NAME			
STREET ADDRESS	2 RIDGEDALE AVE STE 370			STREET ADDRESS			
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERMALLI, NISAR			NAME			
STREET ADDRESS	2 RIDGEDALE AVE STE 370			STREET ADDRESS			
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Evan Herrick		
STREET ADDRESS				STREET ADDRESS	2 Ridgedale Ave, Ste. 370		
CITY-ST-ZIP				CITY-ST-ZIP	Cedar Knolls, NJ 07927		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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: [Signature] 3/22/05
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #