


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90322 046 ***150.00

DOCUMENT # H71538
 1. Entity Name
SIGNATURE STRUCTURES, INC.



Principal Place of Business Mailing Address
8400 N. UNIVERSITY DR. **8400 N. UNIVERSITY DR.**
SUITE 109 **SUITE 109**
TAMARAC FL 33321 **TAMARAC FL 33321**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2695124 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
SCHREIBER, BRUCE
8400 N. UNIVERSITY DR.
TAMARAC FL 33321

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHREIBER, BRUCE	
STREET ADDRESS	8400 N. UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHREIBER, LOUIS	
STREET ADDRESS	8400 N. UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHREIBER, SYDNEY	
STREET ADDRESS	8400 N. UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROOKS, BEVERLY	
STREET ADDRESS	8400 N. UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **Bruce Schreiber President 4/22/05 (954)7228400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #