

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90033 033 ***150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # L16616 1. Entity Name WOLFSON & ASSOCIATES, P.A., CERTIFIED PUBLIC ACCOUNTANTS																													
Principal Place of Business 130 S. UNIVERSITY DR. PLANTATION, FL 33324 US			Mailing Address 130 S. UNIVERSITY DR. PLANTATION, FL 33324 US																										
2. Principal Place of Business 2801 N. UNIVERSITY DR. SUITE 306 COAL SPRINGS, FL 33065 USA		3. Mailing Address 2801 N. UNIVERSITY DR. SUITE 306 COAL SPRINGS, FL 33065 USA																											
City & State COAL SPRINGS, FL		City & State COAL SPRINGS, FL		4. FEI Number 65-0151345																									
Zip 33065		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KILTOK, IRA 130 S. UNIVERSITY DR. SUITE D PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2801 N. UNIVERSITY DRIVE SUITE 306 COAL SPRINGS, FL 33065																										
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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PSD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MARK WOLFSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>130 S. UNIVERSITY DR. STE D</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33324</td> <td></td> </tr> </table>			TITLE	PSD	☐ Delete	NAME	MARK WOLFSON		STREET ADDRESS	130 S. UNIVERSITY DR. STE D		CITY-ST-ZIP	PLANTATION, FL 33324		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">2801 N. UNIVERSITY DRIVE, STE 306</td> <td style="width: 20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>COAL SPRINGS, FL 33065</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	2801 N. UNIVERSITY DRIVE, STE 306	☒ Change ☐ Addition	NAME	COAL SPRINGS, FL 33065		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 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 or 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: <u>IRA KILTOK 1/10/05 954-425-8670</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													