


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L57972
1. Entity Name
555, INC.



Principal Place of Business 120 E OAKLAND PK BLVD 105-555 WILTON MANORS, FL 33334	Mailing Address 120 E OAKLAND PK BLVD 105-555 WILTON MANORS, FL 33334
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DO NOT WRITE IN THIS SPACE



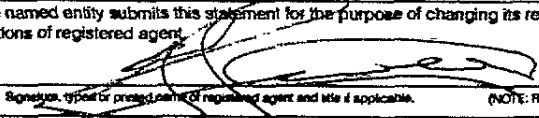
02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0231297	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHAPIRO, KENNETH H.
120 OAKLAND PK BLVD
105-555
WILTON MANORS, FL 33334

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7. 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: 2/16/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renoting)

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

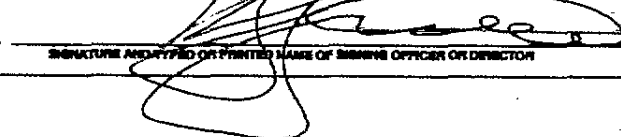
8. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAPIRO, KENNETH H. P O BOX 7176 N/A FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000069795
03/01/04-80024-007 150.00

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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 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 fee empowered.

SIGNATURE:  DATE: 2/16/04 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR