2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # M42416 1. Entity Name 940 ASSOCIATES, INC. Principal Place of Business Mailing Address 940 N.W. 1ST STREET FT. LAUDERDALE FL 33311 940 N.W. 1ST STREET FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0000567 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARMICHAEL, ROBERT M PTSD 940 N.W. 1ST STREET Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311 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 fitte if applicable DATE (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change TITLE TITLE Delete //000000334331 04/27/05-80041-001 150.00 CARMICHAEL, ROBERT M CAME NAME STREET ADDRESS JIRGET ADDRESS 940 NW FIRST ST. FT. LAUDERDALE FL 33311 LATO-ST-7IP UITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP GITY-ST-ZIP nne ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change □ Defete Addition TITLE MAME STREET ADDRESS TREET ADDRESS CITI-ST-ZiP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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: Robert Carmichae 4/25/05

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COMMICHAE CO