

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90096 030 ***150.00

20033971



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2826161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOLANS, JAMES A.
5901 SW 74TH ST
#400
S MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLECHINGBERG, YOLANDA 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BLECHINGBERG, THOMAS 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLECHINGBERG, WILLIAM D 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOLANS, JAMES A. 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIVIAN SICHEL 14719 CLARENDON DRIVE TAMPA, FLORIDA 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Yolanda Blechingberg YOLANDA BLECHINGBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04-07-05 813-264-7142
Date Daytime Phone #