2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # N09204  1. Entity Name								Jan 2 Se	21, 2005 ecretary	5 08: v of S	:00 Al State	M
ROAD KI	NIGHTS C	OF SOUTH FLOR	IDA, INC					٥	corour,	, 01 %		
Principal Place of Business			Maili	Mailing Address								
1906 N. DIXIE HWY HOLLYWOOD FL 33020				12301 N.W. 23RD CT PLANTATION FL 33323								
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc			Suite, Apt. #, etc.					1st M	OORE	CR2E03	7 (10/04)	
City & State			City & State				4	. FE! Number	9-2674588		\$ \$≥	pplied For ot Applical
Zip		Country	Z	p	Cor	untry	5	. Certificate of Si	tatus Desired		\$8.75 Add	ditional
	6. Name	and Address of Curre	nt Register	ed Agent		Name	7	. Name and Add	lress of New Re	gistered	Agent	
WE 190 HO				ess (P.O	. Box Number is	Not Acceptable	l 					
						City				FL	Zip Cod	<u>-</u>
	e named entit tions of regist	y submits this statemen tered agent	t for the purp	pose of changing its	s register	ed office or reg	gistered	agent, or both, in	the State of Flor	ida, I am	familiar with,	and acce
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if ap	ON) eldacila	TE Registere	d Agent signalure re	equiled whe	n reinstating)	· <del>-</del>	DATE		<del></del>
FiLE NOW: FEE IS \$61.25 Due By May 1, 2005				9. Election Campalgn Financing Trust Fund Contribution.			<b>\$5</b> Ad	5.00 May Be ded to Fees			k Payable tment of S	
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTORS	}	11.		ADD	ITIONS/CHANG	I ES TO OFFICER	S AND DI	RECTORS IN	10
THLE NAME STREET ADDRESS CITY-ST-7IP		OWARD 7. 23RD CT ON FL 33323	·	☐ Delete				01/	U00000189 '24/05-801	3623 .02-01	□ Change 7 61.25	□ Adam
TITLE NAME STREET ADDRESS CITY: ST: ZIP	VPD RUDD, DAI 27560 LAN BOCA RAT			☐ Delete							☐ Change	Addilic
THEE NAME STREET ADDRESS CITY-ST-ZIP	D KUSHNER, 2159 NW 6 MARGATE	3RD AVE		☐ Delete	1	1					Change	Additii
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, JL 12301 N.W PLANTATK			☐ Delete						_	☐ Change	∏ Additio
NAME STREET ADDRESS CITY ST-ZIP	FRECH, RA 191 S.W. 6 FT. LAUDE			☐ Delete		ł					☐ Change	@###A [[]
THEF NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		1				•	☐ Change	ASSE
12. I hereby of indicated of the corchanged	certify that the lon this repor poration or th , or on an atta	e information supplied w t or supplemental repor- te receiver or trudee and schment with an address	ith this filing t is true and ipowered to s, with all or	does not qualify fo accurate and that r execute this report ler like empowered	r the exer ny signat as requir	mption stated in ure shall have t ed by Chapter	n Section the same 617, Flo	n 119.07(3)(i), Flo e legal effect as il orida Statutes; an	rida Statutes. I f f made under oa d that my name	urther cert ith; that I a appears ir	ify that the in m an officer n Block 10 or	formation or director Block 11 i

**FILED**