


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90075 035 ****70.00

DOCUMENT # N98000001543					
1. Entity Name PROJECT DISCOVERY, INC.					
Principal Place of Business 401 SW 2ND ST FT LAUDERDALE, FL 33312		Mailing Address 401 SW 2ND ST FT LAUDERDALE, FL 33312			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0822020	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOREN, SAMUEL S ESQ 3099 E COMMERCIAL BLVD, SUITE 200 FT LAUDERDALE, FL 33308				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOENIG, KEITH		NAME		
STREET ADDRESS	C/O CITY FURNITURE, 251 INTL PARKWAY		STREET ADDRESS	6701 N. HIATUS RD,	
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, JON		NAME		
STREET ADDRESS	2915 FESERM HWY #D2		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALMOS, STEVEN J		NAME	ROSCHMAN, ROBERT	
STREET ADDRESS	HALMOS HOLDINGS, INC., 21 W LAS OLAS BLVD		STREET ADDRESS	6300 NE 1ST AVE, 3RD FLOOR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301		CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRBY, RICHARD		NAME	ANGELO, THOMAS	
STREET ADDRESS	RENAISSANCE CRUISES, INC.-BOX 350307		STREET ADDRESS	515 E LAS OLAS BLVD. #850	
CITY-ST-ZIP	FT LAUDERDALE, FL 33335		CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RAMON A		NAME		
STREET ADDRESS	350 E W OLAS BLVD #1420		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, MARC E		NAME		
STREET ADDRESS	450 E. MS OLAS BLVD., #750		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
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 617, 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: _____			Date: 3/30/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40045966



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