## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # P00000009579 1. Entity Name 1629 SOUTHEAST THIRD COURT, INC. Principal Place of Business Mailing Address 1646 SE 3RD CT. 1646 SE 3RD CT. DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 No Chg-P 04182005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZIMMERMAN, STEPHEN L DO NOT WRITE 737 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060 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. Signature, types or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE FINKELBERG, ROBERTO NAME STREET ADDRESS 1646 SE 3RD CT. DEERFIELD BEACH, FL 33441 CITY-ST-7IP 04/23/05-90032-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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)(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 on powered 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

PANONE AL

20/ 61/40

954-421-0520

Daylime Phone #

**FILED**