


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90019 003 \*\*\*158.75

**DOCUMENT # P01000093352**  
 1. Entity Name  
**ACCU-PRESSURE SAFETY CAPS, INC.**



Principal Place of Business      Mailing Address  
**2200 EAST OAKLAND PARK BLVD.**      **2200 EAST OAKLAND PARK BLVD.**  
**FORT LAUDERDALE FL 33306**      **FORT LAUDERDALE FL 33306**

**50012190**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
**150 E. Sample Road**      **150 E. Sample Road**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**100**      **100**

City & State      City & State  
**Pompano Beach, FL**      **Pompano Beach, FL**

4. FEI Number      Applied For  
**65-1139577**      Not Applicable

Zip      Country      Zip      Country  
**33064**      **USA**      **33064**      **USA**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GOLDBERG, ADAM**  
**2200 EAST OAKLAND PARK BLVD.**  
**FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent  
 Name      **Adam Goldberg**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 E. Sample Road Suite #100**  
 City      **Pompano Beach**      State      **FL**      Zip Code      **33064**

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 Adam Goldberg      DATE 02/02/05  
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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00 May Be**  
 Trust Fund Contribution,       **Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	GOLDBERG, ADAM	149 LAS BRISAS CIRCLE	HYPOLUXO FL 33462	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Adam Goldberg      Date 02-02-05      Daytime Phone # 954-782-9866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR