2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P02000008761 06 JAN -9 PM 12: 30 GABRIELLE D'ALEMBERTE, P.A. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1001 BRICKELL BAY DR 11450 INTERCHANGE CIRCLE N STE 1200 MIRAMAR, FL 33025 MIAMI, FL 33131-4939 2. Principal Place of Business 3. Mailing Address 08292005 Chg-P CR2E034 (10703)-65 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 04-3592454 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GELBER, RONALD S CPA Street Address (P.O. Box Number is Not Acceptable) 11450 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE Change ■ Addition D'ALEMBERTE, GABRIELLE NAME NAME STREET ADDRESS 1001 BRICKELL BAY DR STE 1200 STREET ADDRESS MIAMI, FL 331314939 CITY-ST-ZIP CITY-ST-ZIP TITLE 60006355679@ ☐ Addition TITLE ☐ Delete MAME 01/12/06--01040--012 **150.00 NAME STREEL ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP ☐ Delete TIFLE ■ Addition NAME NAME STREET ADDRESS SIRLEI ADDRESS CITY - ST - ZIP C11Y - S1 - 21P ☐ Delete ☐ Change TITLE Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truffee 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, without other like empowered.



Ronald S. Gelber, CPA

Darlene A. Rogers, CPA

Amy L. Greenblatt, CPA

January 4, 2006

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

Gabrielle D'Alemberte, PA

mold & Heller CPA

Ref # P02000008761

To Whom It May Concern:

As the accountants for the above client, we have been asked to respond to your letter dated December 21, 2005 (see attached) wherein you advise our client of late filing.

In advertently this paperwork was misplaced due to the impact of the 3 Hurricanes that unfortunately hit South Florida. We respectfully request that you accept the \$150 that is attached.

If you need anything further to grant our client's request, please do not hesitate to contact us.

Sincerely,

Ronald S. Gelber, CPA

RSG/cvr Encls.