

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90025 049 \*\*\*150.00

DOCUMENT # P02000063432  
 1. Entity Name  
 3055 NW 19TH STREET, INC.



Principal Place of Business  
 3055 NW 19TH STREET  
 FORT LAUDERDALE, FL 33311

Mailing Address  
 4481 CASPER CT  
 HOLLYWOOD, FL 33021-2415

**50017402**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**103 NE 4th St.**  
 Suite, Apt. #, etc.



02112005 Chg-P CR2E034 (10/03)

City & State  
**Fort Lauderdale FL**

4. FEI Number  
 16-1620448

Applied For  
 Not Applicable

Zip  
**33301**

Country

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

6. Name and Address of Current Registered Agent  
 ROGATINSKY, SAMUEL ESQ  
 103 NE 4TH STREET  
 FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGATINSKY, ESTHER	
STREET ADDRESS	4481 CASPER CT	
CITY-ST-ZIP	HOLLYWOOD, FL 330212415	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGATINSKY, SHULAMITH	
STREET ADDRESS	5230 N 31ST PL	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGATINSKY, SAMUEL ESQ.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: \_\_\_\_\_ Date: **2/16/05** Daytime Phone #: **954 763 9210**