
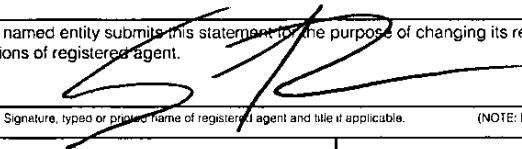
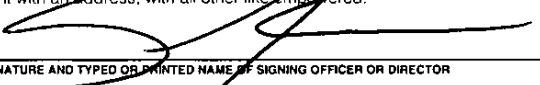


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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			
2. Principal Place of Business		3. Mailing Address 103 NE 4th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Fort Lauderdale FL			
Zip	Country	Zip 33301	Country		
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		Name			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)			
City		City FL			
Zip Code		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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D ROGATINSKY, ESTHER	<input checked="" type="checkbox"/> Delete	TITLE	D. ROGATINSKY, SAMUEL ESQ.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGATINSKY, ESTHER		NAME	ROGATINSKY, SAMUEL ESQ.	
STREET ADDRESS	4481 CASPER CT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 330212415		CITY-ST-ZIP		
TITLE	D ROGATINSKY, SHULAMITH	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGATINSKY, SHULAMITH		NAME		
STREET ADDRESS	5230 N 31ST PL		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50017402



02112005 Chg-P CR2E034 (10/03)

4. FEI Number
16-1620448

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

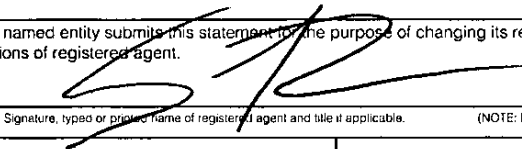
Name

Street Address (P.O. Box Number is Not Acceptable)

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Zip Code

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SIGNATURE:  Date: **2/16/05** Daytime Phone #: **954 763 9210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #