


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000113233					
1. Entity Name 1455 UNIVERSITY CORPORATION					
Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071		Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 13-4218504	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, MARK F 200 EAST BROWARD BLVD. 15TH FLOOR 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EZRATTI, ITZHAK	NAME			
STREET ADDRESS	1401 UNIVERSITY DR STE 200	STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH FL 33071	CITY - ST - ZIP			
TITLE	VAS <input type="checkbox"/> Delete	TITLE	U00000345059 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FANT, ALAN J	NAME	04/30/05-80021-001 150.00		
STREET ADDRESS	1401 UNIVERSITY DR STE 200	STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH FL 33071	CITY - ST - ZIP			
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COSTELLO, RICHARD A	NAME			
STREET ADDRESS	1401 UNIVERSITY DR STE 200	STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH FL 33071	CITY - ST - ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORBAN, PAUL	NAME			
STREET ADDRESS	1401 UNIVERSITY DR STE 200	STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH FL 33071	CITY - ST - ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORWALK, RICHARD M	NAME			
STREET ADDRESS	1401 UNIVERSITY DR STE 200	STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH FL 33071	CITY - ST - ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENENDEZ, N. MARIA	NAME			
STREET ADDRESS	1401 UNIVERSITY DR., #200	STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS FL 33071	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: 1 Maria Menendez **N. Maria Menendez, Vice President** 4/28/05 (954) 753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #