

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90041 029 \*\*\*150.00

DOCUMENT # PC30000995-76  
 1. Entity Name MORRISON AMSTER  
ACCOUNTANTS - AMSTER INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 10018 SPANISH ISLES BLVD  
 Suite, Apt. #, etc. F7

3. Mailing Address 8118 COMYOUN WAY  
 Suite, Apt. #, etc.

City & State BOCA RATON FL City & State BOYNTON BEACH FL

Zip 33437 Country FLM BEACH Zip 33437 Country FLM BEACH

DO NOT WRITE IN THIS SPACE

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4. FEI Number 20-0814065 Applied For  Not Applicable

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

7. Name and Address of Current Registered Agent

Name MORRISON AMSTER

Street Address (P.O. Box Number is Not Acceptable) 8118 COMYOUN WAY

City BOYNTON BEACH FL Zip Code 33437

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] (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>MORRISON AMSTER</u> <u>8118 COMYOUN WAY</u> <u>BOYNTON BEACH FL 33437</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>SIMMON F AMSTER</u> <u>8118 COMYOUN WAY</u> <u>BOYNTON BEACH FL 33437</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 3/21/05 DAYTIME PHONE # 561 488 4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR