2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134786

FILED Jan 21, 2005 8:00 am Secretary of State 01-21-2005 90050 036 ***150.00

Y.E.S. ME							
Principal Place of Business Mailing Ad				Address		FORGAM	0 =
3294 STIRLIN			3294 STIRLING RD			500047	65
HOLLYWOOD, FL 33021			HOLLYWOOD, FL 33021				
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2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172005 Chg-P CR2E034 (10/03)	
City & State			City & State			<u> </u>	
-	.e					4. FEI Number Applied F 30-0215330 Not Applie	$\overline{}$
Zip		Country	Zìp +	Cour	ntry	5. Certificate of Status Desired	
	6. Name	and Address of Current	Registered Agent		1	7. Name and Address of New Registered Agent	
	···· · · · · · ·				Name 5	Δ. Λ	
KRASNER, ELY					Stroot Address	s (P.O. Box Number is Not Acceptable)	
3294 STERLING RD HOLLYWOOD, FL 33021						s (F.O. Box Number is Not Acceptable)	
(1022)							
					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Alt Control of the state of the							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	,	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP		Delete	TITL		☐ Change ☐ A	dition
NAME STREET ADDRESS	KRASNER, ELY s 3294 STERLING RD			NAM	ME REET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021				Y-ST-ZIP		
TITLE	DVS		☐ Delete	TITL	E PA	lea, Soc. Change DA	dition
NAME	ASHWAL,	EVA		NAA	WE T	WE, W.C.	ļ
STREET ADDRESS	1 : - : - : - : - : - : - : - : - :				EET ADDRESS		
CITY-ST-ZIP	HOLLYWO	OOD, FL 33021			Y-ST-ZIP		
TITLE	e e e e		• 🗀 Delete	TITL NAÑ		Change A	dition
NAME STREET ADDRESS					REET ADDRESS		
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NAME					ME .		
STREET ADDRESS	i				REET ADDRESS		
	i						· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP		. 2. 6	this files also as a second		Y-ST-ZIP	Casting 110 07/2V/) Elecido Statutos 14 otas cardife that the inference	ion
CITY-ST-ZIP	certify that the	information supplied with t or supplemental report is	n this filing does not quali s true and accurate and t			Section 119.07(3)(i), Florida Statutes. I further certify that the informal ne same legal effect as if made under oath; that I am an officer or directions.	ion ctor
12. I hereby of indicated of the core	certify that the d on this repor rporation or th l, or on an atla	information supplied with t or supplemental report is e receiver or trustee emp chment with an address,	n this filing does not quali s true and accurate and to owered to execute this re with all other like empowe	fy for the exe hat my signa port as requ	emption stated in S ature shall have the uired by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the informal ne same legal effect as if made under oath; that I am an officer or dire 607, Florida Statutes; and that my name appears in Block 10 or Block	ion ctor 11 if
12. I hereby of indicated of the core	i, or on an alla	e information supplied with t or supplemental report is e receiver or trustee emp chment with an address,	n this filing does not qualist true and accurate and to execute this rewith all other like empower	fy for the exe hat my signa port as requ	emption stated in S ature shall have the uired by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the informative same legal effect as if made under oath; that I am an officer or dire foot, Florida Statutes; and that my name appears in Block 10 or Block AShwol	ion ctor 11 if