


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90082 042 \*\*\*150.00

**DOCUMENT # P04000037369**

1. Entity Name  
**BOB KRASNOW, INC.**



Principal Place of Business  
**1600 S. OCEAN DRIVE  
 HOLLYWOOD, FL 33019**

Mailing Address  
**1600 S. OCEAN DRIVE  
 HOLLYWOOD, FL 33019**

**66018064**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01212005 Chg-P CR2E034 (10/03)

4. FEI Number  
**11-3713465**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KASBAR, JOHN A  
 3880 SHERIDAN STREET  
 HOLLYWOOD, FL 33021**

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	PD	<input type="checkbox"/> Delete
NAME	KRASNOW, BOB	
STREET ADDRESS	1600 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRASNOW, MICHAEL A	
STREET ADDRESS	700 N.E. 6TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FREEDYUNG, OMRI	
STREET ADDRESS	700 N.E. 6TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
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		<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		
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: Bob Krasnow Inc. 4/11/05 954-253-5066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #