

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093810

Entity Name: THE HUSKY GANG, INC.

FILED  
Jan 06, 2005  
Secretary of State

**Current Principal Place of Business:**

256 NE 85 ST  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

256 NE 85 ST  
MIAMI, FL 33138

**New Mailing Address:**

FEI Number: 65-0888197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SATZ, PHYLLIS R  
256 NE 85 ST  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SATZ, PHYLLIS R  
Address: 256 NE 85TH ST  
City-St-Zip: MIAMI, FL 33138

Title: AD ( ) Delete  
Name: SATZ, BARRY  
Address: 256 NE 85TH ST  
City-St-Zip: MIAMI, FL 33138

Title: AD ( ) Delete  
Name: MANGIARACINA, CHRISTOPHER  
Address: 256 NE 85TH ST.  
City-St-Zip: MIAMI, FL 33138

Title: S ( ) Delete  
Name: DAVIDSON, ESTHER  
Address: 3591 FLAMINGO DR.  
City-St-Zip: MIAMI, FL 33140

Title: AD ( ) Delete  
Name: KILLISSANLEY, PETER  
Address: 4305 LAKE RD.  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS R. SATZ

D

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date