## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 28, 2005 08:00 AN Secretary of State

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1. Entity Nam	MENT # P990000013 EITER FELD, P.A.	381			Secretary of St
Principal Place of Business         Mailing Address           5701 NORTH PINE ISLAND ROAD         5701 NORTH PINE ISLAND RO.           SUITE 260         SUITE 260           TAMARAC, FL 33321-4440         TAMARAC, FL 33321-4440		4D	 		
D	O NOT WRITE  6. Name and Address of Current R		CE	01072005 No Chg-P  4. FEI Number 65-0885379  5. Certificate of Status Desired	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
FELD, ALICE REITER 5701 N PINE ISLAND ROAD STE 260 FORT LAUDERDALE, FL 33321			DO NOT WRITE IN THIS SPACE		
8. The above named editic 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 Noted or profed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			.00 May Be ded to Fees	
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D D FELD, ALICE REITER 5701 N PINE ISLAND RD #260 TAMARAC, FL 33321	INECTORS		U0000 01/28/05	0201623 -80074-008 150.00
CITY-ST-ZIP  THLE NAME STREET ADDRESS CITY-ST-ZIP  THLE			-	DO NOT V IN THIS S	
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP					
HILE NAME STREET ADDRESS GITY ST. 7P	certify that the information supplied with	his filing does not qualify for the exe	emption stated in Status	ection 119.07(3)(i), Florida Statutes same legal effect as if made unde	s I further certify that the information roath; that I am an officer or director.
12. I hereby certify that the information supplied with his filling 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 the 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 employered 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:					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR