2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2005 08:00 AM Secretary of State

ANNUAL REPORT			ren 20, 2003 08:00 F			
DOCUMENT # P990000404 1. Entity Name]	Sec	eretary of State	e	
PARK RIDGE BUSINESS CENTER, IN	C.					
Principal Place of Business _ 2240 WOOLBRIGHT ROAD, #300 BOYNTON BEACH, FL 33426	#300 2240 WOOLBRIGHT ROAD, #300					
DO NOT WRITE IN THIS SPACE			01262005	No Chg-P	CR2E034 (10/03)	
			4. FEI Numb 65-092 5. Certificate		Applied For Not Applicab \$8.75 Additional Fee Required	le
6. Name and Address of Current Reg	istered Agent		-	چری آ فینجستنس منست ۱۰۰۰ سپ	marked with the state of the st	_
APPIGNANI, LOUIS J 2240 WOOLBRIGHT ROAD, #300 BOYNTON BEACH, FL 33426				NOT W THIS SP		
The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and if		ed office or register		th, in the State of Flo	rida. I am familiar with, and accep	it
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	noing \$5.	00 May Be		<u> </u>	_
10. OFFICERS AND DIR	ECTORS				The second secon	-
TITLE CD NAME APPIGNANI, LOUIS J STREET ADDRESS 2240 WOOLBRIGHT ROAD, #300 BOYNTON BEACH, FL 33426				Unnonn		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			02/26/05-	244175 80010-003 150. 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT W	tionista e jug RITE	:
TITLE NAME STREET ADDRESS CITY-ST- ZIP		Marker (L. Her L.)	IN T	THIS SP	ACE	
NITLE 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 of the receiver of 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SHONATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

2/23/05 561-364-5500