

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90036 018 ***150.00

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # G39009 1. Entity Name PHILOS, INC.																													
Principal Place of Business 1428 BRICKELL AVE. #105 MIAMI, FL 33131			Mailing Address 1428 BRICKELL AVE. #105 SUITE 105 MIAMI, FL 33131																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 59-2544517																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent HALPRYN ERNEST M 1428 BRICKELL AVE STE 105 MIAMI, FL 33131																													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">TD</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 55%;">NAME LABIANCA, PHILIP</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">1428 BRICKELL AVE. #105</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">MIAMI, FL 331313409</td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">AS</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 55%;">NAME WEISBERG, ALAN JAY</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">1428 BRICKELL AVE. #105</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">MIAMI, FL</td> </tr> </table> </div> </div>						TITLE	TD	<input checked="" type="checkbox"/> Delete	NAME LABIANCA, PHILIP	STREET ADDRESS	1428 BRICKELL AVE. #105			CITY-ST-ZIP	MIAMI, FL 331313409			TITLE	AS	<input type="checkbox"/> Delete	NAME WEISBERG, ALAN JAY	STREET ADDRESS	1428 BRICKELL AVE. #105			CITY-ST-ZIP	MIAMI, FL		
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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: Ernest M. Halpryn, P 01/25/2005 (305) 371-4112																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div style="width: 40%;">Date Daytime Phone #</div> </div>																													