


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J41467</b>	
1. Entity Name 2065 N.E. 151ST STREET CORPORATION	

Principal Place of Business % HOWARD SKLAR P.O. BOX 280 FLAGLER BEACH, FL 32136 US	Mailing Address % HOWARD SKLAR P.O. BOX 280 FLAGLER BEACH, FL 32136 US
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01252005 000000 000000000000

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000000000

6. Name and Address of Current Registered Agent  SKLAR, HOWARD 3231 N OCEANSHORE BLVD. FLAGLER BEACH, FL 32136	DO NOT WRITE IN THIS SPACE
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 00000000 0000000000	1000000251599
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SKLAR, HOWARD 3231 N OCEANSHORE BLVD. FLAGLER BEACH, FL 32136
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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)(f), 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:** Howard Sklar **HOWARD SKLAR President** 2-28-05 386 439 0001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #