

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


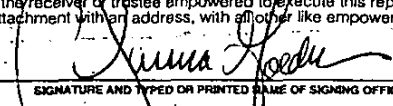
**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90171 038 \*\*\*150.00

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02102005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # M27414</b>					
1. Entity Name <b>PARK HEATHCOTE, INC.</b>					
Principal Place of Business <del>103 GREENE STREET</del> <del>NEW YORK, NY 10012</del>			Mailing Address <del>103 GREENE STREET</del> <del>NEW YORK, NY 10012</del>		
2. Principal Place of Business <b>804 Ocean Drive</b>			3. Mailing Address <b>804 Ocean Drive</b>		
Suite, Apt. #, etc. <b>2nd Floor</b>			Suite, Apt. #, etc. <b>2nd Floor</b>		
City & State <b>Miami Beach, FL</b>			City & State <b>Miami Beach, FL</b>		
Zip <b>33139</b>		Country <b>USA</b>		4. FEI Number <b>59-2708103</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COURTNEY, MARLO</b> <del>650 OCEAN DRIVE</del> <del>MIAMI BCH, FL 33139</del>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>804 Ocean Drive</b> <b>2nd Floor</b> City <b>Miami Beach, FL</b> Zip Code <b>33139</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLDMAN, ANTHONY <del>103 GREENE ST.</del> <del>NEW YORK, NY</del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>804 Ocean Drive, 2nd Floor</b> <b>Miami Beach, FL 33139</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDMAN, JESSICA <del>804 OCEAN DRIVE</del> <del>MIAMI BEACH, FL</del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>804 Ocean Drive, 2nd Floor</b> <b>Miami Beach, FL 33139</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			02/24/05 305-531-4411		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		