


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000075348
 1. Entity Name
 3020 NE 5 TERRACE CORP.



Principal Place of Business: 3020 NE 5 TERRACE, WILTON MANORS, FL 33334
 Mailing Address: 2800 BAYVIEW DR., FT LAUDERDALE, FL 33306



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 11-3659830 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MANNINO, ROBERT
 2800 BAYVIEW DRIVE
 FT. LAUDERDALE, FL 33306

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MANNING, ROBERT
STREET ADDRESS	2800 BAYVIEW DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	VP
NAME	MANNING, ROBERT
STREET ADDRESS	2800 BAYVIEW DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	T
NAME	MANNING, ROBERT
STREET ADDRESS	2800 BAYVIEW DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/18/05-80106-019 150.00

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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)(j), 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: _____ Date: 4/15/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR