

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000010864**

1. Entity Name  
16121 ABERDEEN WAY CORPORATION



Principal Place of Business  
201 SOUTH BISCAYNE BOULEVARD  
MIAMI CENTER - 34TH FLOOR  
MIAMI, FL 33131

Mailing Address  
201 SOUTH BISCAYNE BOULEVARD  
MIAMI CENTER - 34TH FLOOR  
MIAMI, FL 33131



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0990375

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FERRELL SCHULTZ CARTER ZUMPARO & FERTEL PA  
201 S BISCAYNE BLVD  
STE 3400  
MIAMI, FL 33131

**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 \_\_\_\_\_

**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 PD  
NAME FERRELL, MILTON M JR.  
STREET ADDRESS 201 SOUTH BISCAYNE BLVD. 34TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE S  
NAME DA CASTIGLIONE, MAYRA C  
STREET ADDRESS 201 SOUTH BISCAYNE BLVD. 34TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE T  
NAME IBLER, GEROLD  
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 3400  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000319183  
04/20/05-80090-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05  
Date

305-371-8585  
Daytime Phone #