## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068300

## FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90221 016 \*\*\*150.00

FLORIDA RF SOLUTIONS, INC.				
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	<b>-</b>
9625 W SAMPLE RD		9625 W SAMPLE RD	•••	14007885
CORAL SPRINGS, FL 33065		CORAL SPRINGS, FL	33065	Iduation
		-		I TRANSPORTE OF BRUTE BUTTO BRUTE BRUTE BUTTO BU
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302005 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Žip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
_	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
SPIEGEL & UTRERA, P.A.			Street Address	(P.O. Box Number is Not Acceptable)
1840 SW 22ND ST. 4TH FLOOR			Sileer Address	(F.O. Box Number is Not Acceptable)
	· · ·		91.7 ~	W 50401705
MIAMI, FL 33145 9625 W. SAHPLE RD.				
		10	) City COR	ALSPRINGS FL 33065
8. The above named egitivy domits 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.				
ine obligat	ions of ragistared agent.	V / /		
SIGNATURE.	11			4/5/05
	Signature, typed or printed name of registered agent	t and title if applicable. (NC	OTE: Registered Agent signature require	nd when reinstating) DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Camp Trust Fund Co		i.00 May Be ded to Fees
10.	OFFICERS AND	DIDECTORS	11.	ADDITIONO (OLIANOSO TO OSSIGNO AND DIDENTAL
TITLE	DPST OFFICERS AND	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	MELAMED, HOWARD	□ Delete	. NAME	☐ Change ☐ Addition
STREET ADDRESS	9625 W SAMPLE RD		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	
TITLE	<u> </u>	☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS	_		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME Street Address	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	ITLE	☐ Change ☐ Addition
NAME		LJ_OSISIS+	NAME	Conseque
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling does not civalify 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 the 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: 4 5 05 954-340-7053				