

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90262 045 ***150.00

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01112005 Chg-P CR2E034 (10/03)

4. FEI Number **22-2512930** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEINSTEIN, AUDREY
6700 NW BROKEN SOUND PKWY
#202
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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	VPS	<input type="checkbox"/> Delete
NAME	WEINSTEIN, AUDREY M	
STREET ADDRESS	621 NW 53 STREET	
CITY - ST - ZIP	BOCA RATON, FL 33487	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALCORN, ANDREW	
STREET ADDRESS	621 NW 53RD ST	
CITY - ST - ZIP	BOCA RATON, FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAMMOND, STEPHANIE	
STREET ADDRESS	120 W. FAYETTE ST #700	
CITY - ST - ZIP	BALTIMORE, MD 21201	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVIN, HOWARD	
STREET ADDRESS	120 W. FAYETTE ST #700	
CITY - ST - ZIP	BALTIMORE, MD 21201	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	VISCUSO, ERNEST	
STREET ADDRESS	120 W. FAYETTE ST #700	
CITY - ST - ZIP	BALTIMORE, MD 21201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Arndt	
STREET ADDRESS	120 W. Fayette Street, Suite 700	
CITY - ST - ZIP	Baltimore, MD 21201	
TITLE	Asst. Secretary, Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vickie Kelly	
STREET ADDRESS	120 West Fayette Street, Suite 700	
CITY - ST - ZIP	Baltimore, MD 21201	

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: Audrey M. Weinstein, Audrey Weinstein, SUP. Secretary 4/27/05 877-730-2347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #