## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				Apr 18, 2005 08:00 A			
1. Entity Name	MENT # 149974 PESTMENT CO.				Sec	cretary	of State
% RICHARD I 7000 ISLAND	H. BRESLOW D BLVD., #1004	lailing Address % RICHARD H. BRESLOW 7000 ISLAND BLVD., #1004 IVENTURA, FL 33160 US					
D	O NŌT WRITE II		CE	04152005 4. FEI Numb 59-082	No Chg⋅P	CR2E034 (1	
6. Name and Address of Current Registered Agent BRESLOW, RICHARD H 7000 ISLAND BLVD #1004 AVENTURA, FL 33160					NOT W		er vers
the obligation	named entity submits this statement for the pons of registered agent.  Signature, typed or printed name of registered agent and fille	, , , , , , , , , , , , , , , , , , , ,	ed office or register		th, in the State of Flo	orida. I am famili	ar with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees	Un0000 14/18/05~	311689 80050-029	3 150 <b>.0</b> 0
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD BRESLOW, RICHARD H. 7000 ISLAND BLVD 1004 AVENTURA FL 33160	CTORS			· · · ·		
TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE							
NAME STREET ADDRESS CITY - ST - ZIP TITLE					NOT W		
NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			THIS SF	AUE	ne de l
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		van - •			
TITLE NAME			ľ				

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 of 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05

305-446-7026

Daytime Phone #