

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 187693</b> 1. Entity Name <b>FORT PIERCE FLORIDA GARDEN ESTATES, INC.</b>	
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Principal Place of Business <b>18901 NE 29TH AVE., STE 100 AVENTURA, FL 33180</b>	Mailing Address <b>18901 NE 29TH AVE., STE 100 20801 BISCAYNE BLVD., #505 AVENTURA, FL 33180</b>
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**DO NOT WRITE IN THIS SPACE**



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-6064927</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29TH AVE., STE 100 AVENTURA, FL 33180</b>
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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 _____ <small>Signature, typed or printed name of registered agent and (title) applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP POPICK, DAVID 1041 TUSCANY PLACE WINTER PARKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALLANT, JOSEPH L. 1201 WEST AVE #4 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FROMBERG, RHONA S. 3808 NE 209TH TERRACE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV FROMBERG, LYNN W. 3808 NE 209TH TERRACE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/25/05-80030-024 150.00

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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)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3/15/05</b> <small>Date</small>	Daytime Phone <b>205-933-2000</b> <small>Daytime Phone #</small>
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