2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 02, 2005 8:00 am **Secretary of State** DOCUMENT # 215470 1. Entity Name 02-02-2005 90074 002 ***150.00 790 CO-OP INC Principal Place of Business Mailing Address 790 N.E. 91 ST: 790 N.E. 91 ST. MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address 190 NE 91 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) APT # 1 City & State City & State Applied For 4. FEI Number Æ. 59-1671104 MIAMI SHORES Not Applicable Zip _Country \$8:75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAWEIN, HOWARD D Street Address (P.O. Box Number is Not Acceptable) 790 NE 91 ST. APT #1 MIAMI SHORES FL 33138 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. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESTUBLY JOHNSTON, DONALD N. Change TITLE ST ☐ Delete TITLE Addition JOHNSON, DONALD N. NAME NAME 7833 W. PANAMA ST STREET ADDRESS STREET ADDRESS 790 NE 91ST ST., APT, #6 CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP MIRAMAN, FL 33023 PD Delete TITLE TITLE Change ☐ Addition 560./TR645 4 D CAWEIN, HOWARD D CAWEIN, HOWARD D. STREET ADDRESS 190 NE 91 ST, #1 MAM SHORES FL V. P. + D STREET ADDRESS 700 N.E 93RD ST CITY-ST-ZIP MIAMI, SHORES, FL 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE Thange Addition BRUHY PECCH 373 NE. 91 ST NAME **BROWN, PEGGY** NAME STREET ADDRESS STREET ADDRESS 373 NE 91 ST. 33138 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 MIAMI SHORES TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY+ST-7IP ☐ Delete TITLE TOTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED