


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90377 003 ***150.00

DOCUMENT # 249850		
1. Entity Name COURTELIS COMPANY		

Principal Place of Business 703 WATERFORD WAY SUITE 800 MIAMI FL 33126	Mailing Address 703 WATERFORD WAY SUITE 800 MIAMI FL 33126
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-0936845		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PITTS, W. DOUGLAS 703 WATERFORD WAY SUITE 800 MIAMI FL 33126		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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CATAN, ROD		NAME	STOSIK, VICTOR L.			
STREET ADDRESS	703 WATERFORD WAY, SUITE 800		STREET ADDRESS	703 WATERFORD WAY, SUITE 800			
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	MIAMI, FL 33126			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS, CHARLES F		NAME				
STREET ADDRESS	703 WATERFORD WAY, SUITE 800		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP				
TITLE	CPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PITTS, W DOUGLAS		NAME				
STREET ADDRESS	703 WATERFORD WAY, SUITE 800		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COURTELIS, KIKI L		NAME				
STREET ADDRESS	703 WATERFORD WAY, SUITE 800		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP				
TITLE	EVPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VASSILAROS, ELIAS		NAME				
STREET ADDRESS	703 WATERFORD WAY, SUITE 800		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRIDGEN, DOUGLAS H.		NAME				
STREET ADDRESS	703 WATERFORD WAY, SUITE 800		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126		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.

SIGNATURE: *Douglas H. Pridgen* 4/19/05 305-261-4370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #