

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90237 005 ***150.00

14008696



04062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1091627

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, SHELLY
1601 WASHINGTON AVE. SUITE 800
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Zena Dickstein

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 *Zena Dickstein* **Zena Dickstein Vice President** **4/27/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	PD	<input type="checkbox"/> Delete
NAME	KRASNOFF, JEFFREY P.	
STREET ADDRESS	1601 WASHINGTON AVE. SUITE 800	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUBIN, SHELLY	
STREET ADDRESS	1601 WASHINGTON AVE. SUITE 800	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHERMAN, MICHAEL J	
STREET ADDRESS	1601 WASHINGTON AVE. SUITE 800	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAIONTZ, STEVEN J.	
STREET ADDRESS	848 BRICKELL AVENUE, #100	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	AC	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ARTHUR J	
STREET ADDRESS	1601 WASHINGTON AVE. SUITE 800	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	AC	<input type="checkbox"/> Delete
NAME	COOK, PAULA I	
STREET ADDRESS	1601 WASHINGTON AVE. SUITE 800	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven N. Bjerke
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret A. Jordan
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula J. Cook
STREET ADDRESS	
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: *Paula Cook* **Paula J. Cook** **4/27/05** (305) 695-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #