

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90033 026 \*\*\*150.00

**DOCUMENT # 291436**

1. Entity Name  
ST IVES INC FLORIDA



Principal Place of Business  
13449 N.W. 42 AVE.  
MIAMI, FL 33054-4586

Mailing Address  
13449 N.W. 42 AVE.  
ATTN: CONTROLLER  
MIAMI, FL 33054-4586

40083063



**DO NOT WRITE IN THIS SPACE**

04012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1089469

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GROHOWSKI, KEN  
13449 NW 42 AVE  
MIAMI, FL 33054

**DO NOT WRITE  
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 \_\_\_\_\_

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  
NAME ANGSTROM, WAYNE R  
STREET ADDRESS 13449 N.W. 42 AVE.  
CITY-ST-ZIP MIAMI, FL 330544586

TITLE STD  
NAME CARUANA, JEANNE  
STREET ADDRESS 13449 N.W. 42 AVE.  
CITY-ST-ZIP MIAMI, FL 330544586

TITLE D  
NAME EDWARDS, BRIAN C  
STREET ADDRESS 13449 N.W. 42 AVE.  
CITY-ST-ZIP MIAMI, FL 330544586

TITLE V  
NAME MURPHY, EDWARD  
STREET ADDRESS 13449 N.W. 42 AVE  
CITY-ST-ZIP MIAMI, FL 330544586

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/05 305-685-7381  
K472