


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 333750
 1. Entity Name
 2775 CORP



Principal Place of Business
 2775 W OKEECHOBEE RD
 HIALEAH, FL 33010

Mailing Address
 2775 W OKEECHOBEE RD
 HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-1218952

Applied For
 Not Applicable

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

5. Name and Address of Current Registered Agent

GINSBURG, MURRAY
 2775 W OKEECHOBEE RD
 HIALEAH, FL 33010

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6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GINSBURG, MURRAY 2775 W. OKEECHOBEE ROAD HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GINSBURG, ANDREW 2775 W. OKEECHOBEE ROAD HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RANDY 2775 W. OKEECHOBEE ROAD HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRUSSIN, OTTILIE OKEECHOBEE RD HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/17/05-80038-001 150.00

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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)(f), 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: _____ **2/15/05** **305-887-6590**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #