

**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**



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1218952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GINSBURG, MURRAY
2775 W OKEECHOBEE RD
HIALEAH, FL 33010**

**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 reappointing)

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 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	

1100000233313
02/17/05-80038-001 150.00

**DO NOT WRITE
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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/05 305-887-6590