

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 339134

1. Entity Name
**AMERICAN DISH SERVICE OF SOUTHERN FLORIDA,
INC**



Principal Place of Business
**1331 S DIXIE HWY
11A
POMPANO BEACH, FL 33060**

Mailing Address
**P.O. BOX 2311
POMPANO BEACH, FL 33061**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-0948538

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WERNER, SUSAN B
1257 SUNNIDALE LN
ORMOND BEACH, FL 32174**

**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**

**U00000261342
03/14/05-80006-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
WERNER, SUSAN
1257 SUNNIDALE LN
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BADOUR, ROY R JR
1610 NW 4TH AVE
FORT LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BILSIR, KATRENA
1610 NW 7TH AVE
FORT LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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:

SUSAN B WERNER - Susan B Werner Pres 3-10-05 386 676-3819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #