

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # 369600

**1. Entity Name
26401 CORP.**



**Principal Place of Business
2775 W OKEECHOBEE ROAD
HIALEAH, FL 33010**

**Mailing Address
2775 W OKEECHOBEE ROAD
HIALEAH, FL 33010**



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-1301329**

**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 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 GINSBURG, MURRAY
STREET ADDRESS 2775 W. OKEECHOBEE RD.
CITY-ST-ZIP HIALEAH, FL 33010**

**TITLE SDT
NAME GINSBURG, ANDREW
STREET ADDRESS 2775 W. OKEECHOBEE RD.
CITY-ST-ZIP HIALEAH, FL 33010**

**TITLE D
NAME DAVIS, RANDY
STREET ADDRESS 2775 W. OKEECHOBEE RD.
CITY-ST-ZIP HIALEAH, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

4000000232630
02/17/05-80005-019 150.00

**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

2/18/05

Date

305 887 6570

Daytime Phone #