

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90149 008 ***150.00

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04202005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1319693** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOROWSKI, MOISES
1177 96TH STREET (KANE CONCOURSE)
BAY HARBOR, FL 33154

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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 (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____
NAME PD CHOROWSKI, MOISES ☐ Delete
STREET ADDRESS 1177 96 ST KANE CONCOURSE - SUITE 205
CITY - ST - ZIP BAY HARBOR, FL

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
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TITLE _____
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STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY - ST - ZIP _____

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: _____

MOISES CHOROWSKI
Moises Chorowski, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25/05 305 866-3514
Date Daytime Phone #