

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 377711  
1. Entity Name  
WINSTED THERMOGRAPHERS, INC.



Principal Place of Business: 917 SW 10 ST. HALLANDALE BEACH, FL 33009 US  
Mailing Address: PO BOX 188 HALLANDALE BEACH, FL 33008 US

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1346910 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
JACOBOWITZ, LESTER  
917 S.W. 10TH STREET  
HALLANDALE FL, FL 33009

**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: \_\_\_\_\_ (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: JACOBOWITZ, LESTER STREET ADDRESS: 2683 OAKBROOK DR. CITY-ST-ZIP: WESTON, FL 33332
TITLE: SD NAME: JACOBOWITZ, LOIS STREET ADDRESS: 2683 OAKBROOK DR. CITY-ST-ZIP: WESTON, FL 33332
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

U00000174610  
01/10/05-80015-023 150.00

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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 or an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/8/2005 954 454-9735  
Daytime Phone: \_\_\_\_\_