


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 407094  
1. Entity Name  
SIRKIN BUILDING CORP.



Principal Place of Business % ALAN SIRKIN, PRESIDENT 3500 S BAYHOMES DR MIAMI, FL 33133 US	Mailing Address % ALAN SIRKIN, PRESIDENT 3500 S BAYHOMES DR MIAMI, FL 33133 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1413895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SIRKIN, ALAN  
3500 S BAYHOMES  
MIAMI, FL 33133

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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 file if applicable (NOTE: Registered Agent signature required when restating) 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

U00000209069  
02/02/05-80021-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIRKIN, ALAN 3500 S BAYHOMES DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SIRKIN, ALAN 3500 S BAYHOMES DR MIAMI, FL 33133
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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 #