## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED** Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # 489543** 1. Entity Name ADVANCE DEVELOPMENT CORPORATION Principal Place of Business --Mailing Address 1900 NW CORPORATE BLVD #302E BOCA RATON FL 33431 US 1900 CORPORATE BLVD., #302 E BOCA RATON FL 33431 2. Principal Place of Business \_ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1634482 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEISS, JEFFREY J Street Address (P.O. Box Number is Not Acceptable) 21034 ROSEDOWN COURT **BOCA RATON FL 33433** City 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVST TITLE HILE Change ☐ Delete ☐ Addition WEISS, JEFFREY J NAME NAME <u> U000000305590</u> 21034 ROSEDOWN COURT STREET ADDRESS STREET ADDRESS 04/14/05-80091-007 150.00 CITY-ST-ZIP **BOCA RATON FL 33433** CUTY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE TOF ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CHTY-ST-ZIP DITY-\$1-200 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY-Si-74P TITLE ☐ Delete TOTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS City-S1-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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