


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 493007

1. Entity Name
MARGATE TWIN CINEMA, INC.



Principal Place of Business Mailing Address

2070 POWERLINE ROAD 2070 POWERLINE RD
 POMPAÑO BEACH, FL 33069 US POMPAÑO BEACH, FL 33069 US

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1648378 Not Applicable

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

6. Name and Address of Current Registered Agent

CALAMUSA, MILLICENT
 2070 POWERLINE ROAD
 POMPAÑO BEACH, FL 33069

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

U00000326524
 04/25/05-80001-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTDS
NAME	CALAMUSA, MILLICENT
STREET ADDRESS	2070 POWERLINE RD
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	VPD
NAME	CALAMUSA, CHRIS J.
STREET ADDRESS	2070 POWERLINE RD
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	D
NAME	CALAMUSA, STEVEN
STREET ADDRESS	2070 POWERLINE RD
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	D
NAME	CALAMUSA, ANGELO J
STREET ADDRESS	2070 POWERLINE RD
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: *Millicent Calamusa* *4/20/2005* *954-972-8440*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #