


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90258 006 ***150.00

DOCUMENT # 498281 1. Entity Name THE FLORIDA AD COMPANY					
Principal Place of Business 2151 W HILLSBOROUGH BLVD. STE 400 DEERFIELD BCH, FL 33133 US			Mailing Address 2665 S BAYSHORE DR STE 901 COCONUT GROVE, FL 33133 US		
2. Principal Place of Business 2151 W HILLSBORO BLVD Suite, Apt. #, etc. 400 City & State DEERFIELD BEACH, FL Zip 33442		3. Mailing Address Suite, Apt. #, etc. City & State Zip USA		4. FEI Number 59-2005843 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LOGAN, BARRY S. 2665 S. BAYSHORE DRIVE, #901 COCNUT GROVE, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COCONUT GROVE, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MENENDEZ, ANA M 2665 S. BAYSHORE DRIVE SUITE 901 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP, AS & DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMBS, STEVEN 2515 W HILLSBORO BLVD STE400 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2151 W HILLSBORO BLVD, SUITE 400	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KENBIAN, NG 2515 W HILLSBORO BLVD STE400 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NG, KENBIAN 2151 W HILLSBORO BLVD, SUITE 400	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SI STEFANO, EFY 2665 SO. BAYSHORE DR. #901 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DI STEFANO, EFY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Efy DiStefano</u> EFY DISTEFANO					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/25/05 Daytime Phone # 305 714-4100	