## ,2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 03, 2005 8:00 am **Secretary of State DOCUMENT # 512267** 03-03-2005 90178 023 \*\*\*150.00 1. Entity Name GORDON & COMPANY, P.A. Principal Place of Business Mailing Address 7975 N.W. 154TH STREET 7975 N.W. 154TH STREET 50022178 SUITE 340 SUITE 340 MIAMI LAKES, FL 33016-5849 MIAMI LAKES, FL 33016-5849 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222005 CR2E034 (10/03) Applied For 4 FEI Number City & State City & State 59-1686345 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GORDON: REED D. Street Address (P.O. Box Number is Not Acceptable) 7975 N.W. 154TH ST., SUITE 340 MIAMI LAKES, FL 33016 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE GORDON, REED D. NAME NAME STREET ADDRESS STREET ADDRESS 7975 N.W. 154TH ST. CITY-ST-ZIP CITY+ST-ZIP MIAMI LAKES, FL ☐ Addition VD ☐ Defete TITLE TITLE NAPASTEK, MICHAEL A NAME STREET ADDRESS STREET ADDRESS 7975 NW 154 ST., #340 CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33016 ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change . ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP

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 supplementally port 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 reference provided empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered changed, or on an attach-

SIGNATURE:

FILED