## 2005 FOR PROFIT CORPORATION \_\_\_ANNUAL REPORT

## FILED Mar 26, 2005 08:00 AM Secretary of State

DOCU 1. Entity Nam SNARF, I				Secretary of Sta	ıte
1374 SE 14	e of Business TH STREET DALE, FL 33316	Mailing Address 1374 SE 14TH STREET FT. LAUDERDALE, FL 3331	16	CERCEN BUSSEN BUSSEN FOR THE CRIM BUSSEN FOR BUSSEN	
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01052005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 59-1715895 Not Applied  5. Certificate of Status Desired \$8.75 Additional Fee Required	r
MEAGHER, ROBERT J. 1374 SE 14TH STREET FT. LAUDERDALE, FL 33316				DO NOT WRITE 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 title if applicable [NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees					
10. TITLE NAME STREET ADDRESS	P MEAGHER, ROBERT J. 1374 S.E. 14TH ST.	DIRECTORS			į
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	FT. LAUDERDALE FL,  S  MEAGHER, JUDITH C.  1374 S.E. 14TH ST.  FT. LAUDERDALE FL,			U00000277372 03/26/05-80825-023 150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	VP MEAGHER, ROBERT J III 808 S.W. 16 COURT FORT LAUDERDALE, FL 3331	9		DO NOT WRITE IN THIS SPACE	;
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					
TITLE NAME 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.					
SIGNAT	URE:	4PX 3 / 3/2	405	9547636621	