

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 564488**  
 1. Entity Name  
**FEHLHABER CORPORATION**



Principal Place of Business <b>2020 W MCNAB ROAD FT LAUDERDALE, FL 33309</b>	Mailing Address <b>2020 W MCNAB ROAD FT LAUDERDALE, FL 33309</b>
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>13-1493240</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FEHLHABER, ROBERT F  
 2020 W MCNAB ROAD  
 FT LAUDERDALE, FL 33309**

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

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FEHLHABER, ROBERT F 2020 W. MCNAB ROAD FT LAUDERDALE, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEHLHABER, ROBERT F. 2020 W. MCNAB ROAD FT LAUDERDALE, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EATON, LILA A. 2020 W. MCNAB ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEHLHABER, JULIANA 2020 W MCNAB ROAD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, THOMAS M 1300 N FEDERAL HIGHWAY BOCA RATON FL 33432,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/07/05-80005-005 150.00

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 empowers.

**SIGNATURE:** *Juliana Fehlhaber* **2/10/05** **954-971-3824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #