

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2005 JUL -8 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06292005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1973202

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	GILINSKI, JAIME	
STREET ADDRESS	8200 NW 33RD ST STE 400	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SLOAN, DAVID	
STREET ADDRESS	8200 NW 33RD ST STE 400	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRITZER, MICHAEL	
STREET ADDRESS	9655 S DIXIE HWY 3RD FLOOR	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, ROBERT L	
STREET ADDRESS	8200 NW 33RD ST STE 400	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DEVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, DAVID W.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/05