

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90217 017 ***150.00

14006402



04252005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1917065** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

GRAU, ANTONIO S.
20790 SONETO DRIVE
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name **HENRY L. JANUS**
Street Address (P.O. Box Number is Not Acceptable) **2700 N. MILITARY TRAIL #350**
City **BOCA RATON** FL Zip Code **33433**

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: _____

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAU, ANTONIO S.	
STREET ADDRESS	20790 SONETO DR.	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANUS, HENRY L	
STREET ADDRESS	2700 N MILITARY TRAIL STE-350	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURRAN, JOSEPH W	
STREET ADDRESS	2700 N MILITARY TRAIL STE-350	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **HENRY L JANUS** Date: **4/25/05** Daytime Phone #: _____