## 2005 FOR PROFIT CORPORATION

## Jan 28, 2005 8:00 am **Secretary of State ANNUAL REPORT** 01-28-2005 90019 006 \*\*\*150.00 **DOCUMENT #643973** CHARLES P. SACHER, P.A. Principal Place of Business Mailing Address 40008020 2655 LEJEUNE ROAD 2655 LEJEUNE ROAD 1101 GABLES INTERNATIONAL PLAZA 1101 GABLES INTERNATIONAL PLAZA CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-1945322 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SACHER, CHARLES P Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE RD CORAL GABLES, FL 33134 City 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 \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PDS TITLE ☐ Delete TITLE Change Addition SACHER, CHARLES P ESQ NAME NAME STREET ADDRESS 2655 LEJEUNE RD STREET ADDRESS CORAL GABLES, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE

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

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

FILED