## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 16, 2005 08:00 AM Secretary of State

### MAMURE 1 33156  **DO NOT WRITE IN THIS SPACE**  **Sp. 197283	1. Entity Nam	MENT # 648562 C. BECKNER & ASSOCIATES			Se	ecretar	y of State	
DO NOT WRITE IN THIS SPACE  4. FEI Number	9443 S OLD	DIXIE HWY	9443 S OLD DIXIE HWY		I IFAITH WIFT		DE BERN BUNIT ZIRK B	en sing singalar iy ingi
BECKNER, WAYNE 9443 S OLD DIXIE HWY MIAMI, FL 33156  8. The above named entily submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the disfigations of registered agent.  SIGNATURE  Speaking, upded or printed rave of registered agent and the ill setficiable  POIE Registered Agent dynamic signature and about familiar with, and accept the disfigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the disfigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the disfigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the disfigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the disfigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the disfigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the disfigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the disfigation of registered agent, or both, in the State of Florida. I am familiar with, and accept the distinct of the state of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the distinct of Florida. I am familiar with, and accept the familiar with, and accept the familiar with, and accept the fami					03082005 4. FE! Number 59-197	No Chg-P er 2833	CR2E034	(10/03) Applied For Not Applicable 3.75 Additional
the obligations of registored agent.  Signature. Syndow by printed name of registored agent and tibe if apriliciable (NOTE Registered Agent algrenative required when reinitiating).  Title NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITLE PSD BECKNER, WAYNE SHEET ADDRESS OF TRUSH FUND Contribution.  INVESTMENT ADDRESS OF TRUSH HAVY OF DESCRIPTION OF THE PSD BECKNER, VIVIAN SHEET ADDRESS OF TRUSH HAVY OF THE PSD BECKNER, VIVIAN SHEET ADDRESS OF TRUSH A	9443 S OL MIAMI, FL	R, WAYNE D DIXIE HWY 33156			IN	THIS SI	PACE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITLE  PSD  NAME  SITEST ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  TITLE			e purpose of changing its register	ed office or register	red agent, or bo	th, in the State of F	lorida. I am fan	niliar with, and accept
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  TITLE PSD  NAME SECKNER, WAYNE 9443 S OLD DIXIE HWY MIAMI, FL  U00000254731 03/16/U5-80026-021 150.00  IIILE VPD  NAME SPECKNER, VIVIAN 9443 S OLD DIXIE HWY MIAMI, FL  IIILE NAME SIREST ADDRESS CITY-ST-2P  TITLE NAME SIREST ADDRESS CITY-ST-2P  IIILE NAME SIREST ADDRESS CITY-ST-2P  IIILE NAME SIREST ADDRESS CITY-ST-2P  IIILE NAME SIREST ADDRESS CITY-ST-2P	SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	d Agent signature required	when reinstating)		DATE	
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12. Thereby certify that the information supplied with this filling does not quality 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 attachatent with an address, with all other like empowered.	STREET ADDRESS CITY+ST-ZIP					(2) Maria (2)		
SIGNATURE: WOULD SUCCESSION OF 1709	12. I hereby indicated of the conchanged	certify that the information supplied with the donthis report or supplemental report is tryporation or the receiver or trustee empower, or on an attachment with an address, with	is filing does not qualify for the exe ue and accurate and that my signa and to execute this report as requ at other like empowered.	emption stated in Se sture shall have the ired by Chapter 60	action 119.07(3) same lega! effe 7, Florida Statuti	(r), Florida Statutes of as if made under es; and that my nar	i, i further certify r oath; that I am me appears In E	that the intormation an officer or director Block 10 or Block 11 if