

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-28-2005 90020 022 ***158.75

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01192005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2277757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANASTASI, JOSEPH S
880 SO. ANDREWS AVENUE
POMPANO BEACH, FL 33069

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 _____

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	SVD	<input type="checkbox"/> Delete
NAME	BARREDO, RODOLFO	
STREET ADDRESS	880 SO. ANDREWS AVENUE	
CITY-ST-ZIP	POMPANO BCH, FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANASTASI, CONCETTA	
STREET ADDRESS	880 SOUTH ANDREWS AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	PC	<input type="checkbox"/> Delete
NAME	ANASTASI, JOSEPH S	
STREET ADDRESS	880 SO. ANDREWS AVENUE	
CITY-ST-ZIP	POMPANO BCH, FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, ETHAN	
STREET ADDRESS	880 SOUTH ANDREWS AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	DUBROW, MARK H	
STREET ADDRESS	880 SOUTH ANDREWS AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	S	<input type="checkbox"/> Delete
NAME	KREGAS, BETTY-JEAN	
STREET ADDRESS	880 SOUTH ANDREWS AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Poggi, O Hôracio	
STREET ADDRESS	880 So. Andrews Avenue	
CITY-ST-ZIP	Pompano Beach, Fl 33069	
TITLE	DT, Gene	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valdini, Gene	
STREET ADDRESS	880 So. Andrews Avenue	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anastasi, Joseph S.	
STREET ADDRESS	880 South Andrews Avenue	
CITY-ST-ZIP	Pompano Beach, Florida 33069	
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: Betty-Jean Kregas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty-Jean Kregas

1/24/05 954-946-3033
Date Daytime Phone #