


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90066 001 \*\*\*\*70.00

DOCUMENT # 734970 1. Entity Name MUSEUM OF DISCOVERY AND SCIENCE, INC.	
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Principal Place of Business 401 S.W. 2ND ST. FT LAUDERDALE, FL 33312-1707	Mailing Address 401 S.W. 2ND ST. FT LAUDERDALE, FL 33312-1707
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**50014797**



**DO NOT WRITE IN THIS SPACE**

02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1709542	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAY  
350 E LAS OLAS BLVD #1420  
FORT LAUDERDALE, FL 33301

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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

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSCHMAN, ROBERT 6300 NE 1ST AVE 3RD FLOOR FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODMAN, MARC 450 E LAS OLAS BLVD #750 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, RAMON 350 E LAS OLAS BLVD # 1420 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANGELO, THOMAS 515 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOENIG, KEITH 6701 N HIATUS ROAD FORT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAVENDISH, KIM 401 SW 2ND STREET FORT LAUDERDALE, FL 33312

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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 617, 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: *Kim Cavendish* 2/9/05 954-467-6637  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone