


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 847849 1. Entity Name INDUSTRIAL DEVELOPMENT CO. OF MICHIGAN	
--	---

Principal Place of Business 4100 N. POWERLINE ROAD SUITE B-2 POMPANO BEACH, FL 33073	Mailing Address 4100 N. POWERLINE ROAD SUITE B-2 POMPANO BEACH, FL 33073
---	---



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2185234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASSER, LEE S.
4100 N. POWERLINE RD. STE. B-2
POMPANO BEACH, FL 33073

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FERRERA, AUGUSTINE 4100 N POWERLINE RD B-2 POMPANO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LASSER, LEE S 4100 N. POWERLINE RD B-2 POMPANO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRERA, MICHELE 4100 N POWERLINE RD B-2 POMPANO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRERA, MICHAEL J 4100 N. POWERLINE RD B-2 POMPANO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000336517
04/27/05-80128-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Lee S. Lasser 4-25-05 (954) 975-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #