

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90139 048 ***150.00

DOCUMENT # F03000004982

1. Entity Name
RED STAR FORT LAUDERDALE, INC.



Principal Place of Business

**1840 PICKWICK AVE
GLENVIEW, IL 60025**

Mailing Address

**1840 PICKWICK AVE
GLENVIEW, IL 60025**

40081803



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0077509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
GREENFIELD, ROGER
1840 PICKWICK AVE
GLENVIEW, IL 60025**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Roger Greenfield
1840 Pickwick Ave
Glenview, IL 60025**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary
Roger Greenfield
1840 Pickwick
Glenview, IL 60025**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Treasurer
Roger Greenfield
1840 Pickwick Ave
Glenview, IL 60025**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Roger Greenfield
1840 Pickwick Ave.
Glenview, IL 60025**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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.

Roger Greenfield

847-510-2500

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #