

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003032

Entity Name: SRPB HALLANDALE CORP.

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

6535 NOVA DRIVE, STE. 106
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

6535 NOVA DRIVE, STE. 106
DAVIE, FL 33317

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PFEFFER, OLIVER B
Address: 7431 COQUINA DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VPD () Delete
Name: SCHULTZ, DAVID A
Address: 10101 SW 5TH STREET
City-St-Zip: PLANTATION, FL 33324

Title: TD () Delete
Name: REICH, DAVID M
Address: 13794 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: BAUKNEY, RANDALL FOSTER
Address: 2743 NE 14TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVER PFEFFER

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date