


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 000000	
1. Entity Name 000 0000 0000 00	

Principal Place of Business 359 E PALMETTO PK RD. BOCA RATON, FL 33432	Mailing Address 359 E PALMETTO PK RD. BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



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4. FEI Number 59-2133840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000000000

6. Name and Address of Current Registered Agent VOLIN, ROBERT 359 E. PALMETTO PARK RD. STE 400 BOCA RATON, FL 33432	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 00000000 0000000000
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT VOLIN, ETOILE 359 E. PALMETTO PARK RD. BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS VOLIN, ROBERT 359 E. PALMETTO PARK RD. BOCA RATON, FL	
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01/11/05-80042-012 150.00

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: <u>Robert Volin</u> ROBERT VOLIN V.P.	01-06-05 561-382-2449
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>