2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Mar 07, 2005 08:00 AM Secretary of State

(954)525-2300

1. Entity Nar	MENT # F54941			Secretary of Stat	
Principal Place of Business 800 SE THIRD AVE., 4TH FLOOR FORT LAUDERDALE, FL 33316 US		Mailing Address 800 SE THIRD AVE., 4TH FLOO	DR		
		FT LAUDERDALE, FL 33316	US]
				01042005 No Chg-P CR2E034 (10/03)	l
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied Fo	
				59-2148324 Not Applicate 5. Certificate of Status Desired \$8.75 Additional Fee Required	able
	6. Name and Address of Current Re	pistered Agent			
BURESH, FREDRIC C 800 SE THIRD AVENUE				DO NOT WRITE	
4TH FLOC FT LAUDE	erdale, fl. 33316			IN THIS SPACE	
8. The above the obligat SIGNATURE.	named entity submits this statement for the name of registered agent.	· ·	ed office or registe	itered agent, or both, in the State of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida. I am familiar with, and accompany the state of Fiorida.	ept
FJL After Ma	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550,00	Election Campaign Finan Trust Fund Contribution.	cing \$5	5.00 May Be dided to Fees	
10. TITLE	OFFICERS AND DIF	ECTORS	يسيدا يستيا ١٠٠٤ - سادا	The second of th	7
NAME STREET ADDRESS CITY-ST-ZIP	BURESH, FREDRIC C. 800 SE THIRD AVE., 4TH FLOOR FORT LAUDERDALE, FL 33316			<u></u>	
title Name					
STREET ADDRESS CITY-ST-ZIP	· -				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS		das s _{em}		IN THIS SPACE	
CITY-ST-ZIP TITLE	 		• ••• ••		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		42 <u>11.</u>			
STREET ADDRESS CITY-ST-ZIP					
 I hereby c indicated of the corr changed, 	ertify that the information supplied with this on this report or supplemental report is true poration or the receiver of trustee emplwer or on an attachment with an address, with	filing does not qualify for the exeme and accurate and that my signatured to execute this report as require all other like empowered.	nption stated in Se ire shall have the s ad by Chapter 607	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director. 07, Florida Statutes; and that my name appears in Block 10 or Block 11	if (