## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 28, 2005 8:00 am Secretary of State 01-28-2005 90026 005 \*\*\*158.75

1. Entity Nan	ne	RORS, INC.								01 20 200	33 70020	, 003	30.73
Principal Place of Business 9874 W. LINEBAUGH AVENUE TAMPA, FL 33626			g	Mailing Address 9874 W. LINEBAUGH AVENUE TAMPA, FL 33626					400	08390	)	m(M); #(M); #(M); M)	<b>8)(88)</b> (1 <b>189</b> )
2. Principal Place of Business			3.	3. Mailing Address									, in
Suite, Apt. #, etc.				Suite, Apt. #, etc.				011920	05	Chg-P	CR2	E034 (10/03)	l
City & State				City & State				4. FEI No	umber 22896	19			pplied For lot Applicable
Zip		Country		Zip	Cour	ntry		5. Certifi	cate of S	Status Desired	×	\$8.75 Ad Fee Require	
	6. Name	and Address of Cur	rent Regis	stered Agent				7. Name	and Ad	dress of New	/ Registere	d Agent	
COBB, DA		1 AV/E				Name Street 4	GR	REEL	V ,	MICI-	IAE	LD.	
9874 W LI TAMPA, F		AVE		-			•	4	_	Not Accepta	AA	NE.	
						City		TE . [				L Zip Co	de
8. The above	named entity	y submits this stateme	ent for the p	ourpose of changing i	ts register	l		7 M F ed agent, o		n the State of	-	<b>-</b> 33	3613
	tions of regist	erec lgest.	44	LICHAEL F		O C.C.A		Acc±		7.740	1	120/05	•
SIGNATURE.		// non		IICHAEL [				<u>455 1.</u>		REAS.		20/03	L
SIGNATURE.	Signature, yipeq	or office name of registered						455 1. when reinstalin		REAS.	DATE	20/05	
FIL		FEE IS \$150.00 5 Fee will be \$5	agent and title		OTE. Registere	ed Agent signal	ture required	when reinstation  OO May Bridged to Fees	g)	(EH).	DATE	20/03	_
FIL	ay 1, 200	FEE IS \$150.00	agent and title	g. Election Camp	OTE. Registere	ed Agent signal	ture required	00 May Be	g) e		DATE	ND DIRECTOR	
FIL After M	ay 1, 200	FEE IS \$150.00 5 Fee will be \$5	agent and title	g. Election Camp	oaign Finantribution.	ed Agent signal	ture required	00 May Be	g) e		DATE		
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I hereby certify that the information supplied with this filling 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