2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # F89470 05-02-2005 90511 028 ***150.00 1. Entity Name STANLEY E. ISRAEL, P.A. Principal Place of Business Mailing Address 50045073 450 NORTH PARK ROAD, 450 NORTH PARK ROAD. **STE 500** STE 500 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 CR2E034 (10/03) Cha-P Applied For City & State 4 FELNumber City & State 59-2204515 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Marilyn R. Israel, Esq. ISRAEL, STANLEY E Street Address (P.O. Box Number is Not Acceptable) 450 NORTH PARK ROAD, 450 North Park Road STE 500 HOLLYWOOD, FL 33021 Suite 500 Zip Code Hollywood 33021 8. The above named entity submits this statement for perpurpose 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 as 4/26/05 MARIUN KICRAEL SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ ☐ Change ☐ Addition TITLE Delete TITLE NAME ISRAEL, STANLEY E NAME STREET ADDRESS 450 NORTH PARK ROAD, - STE 500 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP **VPD** PD TITLE ☐ Delete TITLE Change ☐ Addition ISRAEL, SHEILA E NAME NAME Israel, Sheila E. STREET ADDRESS 450 N PARK ROAD STE 500 STREET ADDRESS 450 N. Park Road, Suite 500 CITY-\$T-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP Hollywood, FL 33021 SD TITLE □ Delete TITLE Change ☐ Addition ISRAEŁ, MARILYN R NAME NAME STREET ADDRESS 450 N PARK ROAD STE 500 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling dose 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 warring 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 execut with report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an appears with all other liber empowered.

FIGNING OFFICER OR DIRECTOR

MARILYN R 751A-20

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FILED May 02, 2005 8:00 am