2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000006184

1. Entity Name
WEINTRAUB HOLDINGS, INC.

Principal Place of Business	Mailing Address
104 MONTEREY POINTE DRIVE PALM BEACH GARDENS, FL 34418 US	104 MONTEREY POINTE DRIVE PALM BEACH GARDENS, FL 34418 US

DO NOT WRITE IN THIS SPACE

03012005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1942349
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEINTRAUB, PHILIP
104 MONTEREY POINTE DRIVE
PALM BEACH GARDENS, FL 34418

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000251782
03/04/05-80064-023 159.75

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WEINTRAUB, PHILIP
STREET ADDRESS	104 MONTEREY POINTE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 34418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ President 3/1/05 561-776-8096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #