

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G17868</b> 1. Entity Name 701 BUILDING CORP.	
--	---

Principal Place of Business 50 E SAMPLE RD 400 POMPANO BEACH FL 33064	Mailing Address 50 E SAMPLE RD 400 POMPANO BEACH FL 33064
--	--



1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2246630</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
---------------------------------	--

6. Name and Address of Current Registered Agent  SCHEER, DANA 50 E SAMPLE RD 400 POMPANO BEACH FL 33064	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
--	---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete PD FLORESCUE, BARRY W STREET ADDRESS 50 E. SAMPLE ROAD SUITE 400 CITY- ST- ZIP POMPANO BEACH FL 33064
TITLE	<input type="checkbox"/> Delete SV SCHEER, DANA STREET ADDRESS 50 E. SAMPLE ROAD SUITE 400 CITY- ST- ZIP POMPANO BEACH FL 33064
TITLE	<input type="checkbox"/> Delete VP FLORESCUE, RENATE STREET ADDRESS 50 E. SAMPLE ROAD SUITE 400 CITY- ST- ZIP POMPANO BEACH FL 33064
TITLE	<input type="checkbox"/> Delete _____ NAME STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Delete _____ NAME STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Delete _____ NAME STREET ADDRESS CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ NAME STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ NAME STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ NAME STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ NAME STREET ADDRESS CITY- ST- ZIP

UN0000314084  
04/18/05-80148-022 150.00

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: *Dana M. Schaer* 4/14/05 (954) 784-3031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Dana M. Schaer