2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2005 08:00 AM Secretary of State

954.431.0855

Daytime Phone #

01-12-05

PILOR PILOR OF DELATIONS 288 NORTHWEST 95 AVENUE 288 NORTHWEST 95	1. Entity Nam	MENT # G31503 OGULL & ASSOCIATES, IN	ıċ.			Sec	cretary of	Siale
DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2288116	288 NORTH	NEST 95 AVENUE	288 NORTHWEST 95 AVENUE		1 (82)(1) 88	# 11185 17881 B181 BB185 1116	NIMII SERII RIVII RIREI RIREF	
MOGULL, STEVE A. 288 NORTH-WEST 95 AVENUE PLANTATION, FL 33324 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 Synther, hond or printed name of ingitatered agent to die 1 spokusia. PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS. 10. OFFICERS AND DIRECTORS. THE MOGULL, STEVE A. 288 NORTH-WEST 95 AVENUE PLANTATION, FL 33324 U100000180843 U11/14/05-80024-003 150.00 DO NOT WRITE INIT. NAME STREET ADDRESS ONY-51-2IP TITLE NAME STREET ADDRE					01072005 4. FEI Numb 59-228	No Chg-P er 38116	CR2E034 (10/03) Applied For Not Applicable dditional
TILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 TILL PO OFFICERS AND DIRECTORS TILL PO OFFICERS AND DIRECTORS TILL PO OFFICERS AND DIRECTORS TILL PO MOGULL, STEVE A SERVINDES OFFICERS AND DIRECTORS TILL NAME SINET ADDRESS OTTY-ST-2P TILL NAME	288 NORT PLANTAT	STEVE A. HWEST 95 AVENUE ON, FL 33324						
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE TI	the obligate SIGNATURE.	ions of registered agent. Signature, typed or printed name of registered agent at	nd title if applicable (NOTE, Registere 9. Election Campaign Finar	d Agent signature required	when reinstating)	th, in the State of Flo		, and accept
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND D PD MOGULL, STEVE A 288 NORTHWEST 95 AVENUE				01/14/0S-	-80024-003 I	50.00
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 by 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 and the empowered.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report or supplemental reports	his filing does not qualify for the exe	mption stated in Se ture shall have the s				information er or director

LOED HAVE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

SIGNATURE AND TIPED OF P